WAHI EXCUSED ABSENCE DOCUMENTATION FORM

Please complete this form and attach any documentation supporting the request to excuse the absence(s).

STUDENT INFORMATION

Student Name: _____ **Student ID #:** _____ **Grade:** _____

ABSENCE INFORMATION DOCUMENTATION

Date(s) of Absence: _____ **Documentation Attached:** ☐ **Yes** ☐ **No**

Absence Reason:

- ☐ Illness
- ☐ Medical / Dental Appointment
- ☐ Family Emergency
- ☐ Bereavement / Funeral
- ☐ Religious / Cultural Observance
- ☐ Court / Legal Appointment
- ☐ Other: _____

PARENT / GUARDIAN INFORMATION

Requesting Parent/Guardian Name: _____

Phone: _____ **Email:** _____

Parent/Guardian Signature: _____ **Date:** _____

STUDENT CHECK IN CONVERSATION WITH TEACHERS – ALL TEACHERS MUST SIGN BEFORE FORM CAN BE SUBMITTED

CLASS PERIOD	TEACHER SIGNATURE	Will the trip have a NEGATIVE impact on the student's course performance?
1st		
2nd		
3rd		
4th		
5th		
6th		

OFFICE USE ONLY

Date Received: _____ **Received By:** _____

Period	0	1	2	3	4	5	6
Current Grade							
Absences							
Tardies							

☐ Documentation Reviewed ☐ Absence Excused ☐ Absence Not Excused ☐ Attendance Record Updated

Administrator Signature: _____

Date Family Notified: _____