Pleasanton
UNIFIED SCHOOL DISTRICT
Educate. Inspire. Empower

Pleasanton Unified School District
REQUEST FOR PRE-APPROVED ABSENCE

For pre-planned absences of **one to four days, advance written request** by the parent/guardian and approval of the principal or designee is permissible for "justifiable personal reasons," including, but not limited to: (Ed. Code 48205- a7)

- Appearance in court
- Attendance at a funeral service
- Attendance at religious retreats, not to exceed four hours per semester
- Employment interview or conference
- To spend time with an immediate family member who is an active member of the uniformed services (as defined by Ed Code 49701) and has been called to duty for deployment to a combat zone or a combat support position, or is on leave from, or has immediately returned from, such deployment (Ed Code 48205)
- Attendance at a naturalization ceremony to become a United States citizen (Ed Code 48205)
- College visit
- Visiting a parent or family member who is incarcerated
- Participation in "Take Your Child to Work Day"
- Other pre-approved justifiable reason (non-vacation)

For other justifiable personal reasons, please discuss with the school administration prior to the absence.

If an absence of up to 15 days qualifies as a short-term independent study contract, please do not use this form.

Independent study contracts are limited to a total of 15 school days (10 school days notice required).

Student Name _____ ID# _____

Proposed dates for absence: From:_____through_____

Total School Days Missed:_____

Reason for absence, (please be specific):

Reason why absence cannot be taken during non-school hours:

Agreement

Student: I understand that the absence from the classroom may have a negative impact on a student's progress for that class, since it is impossible to "make-up" class discussions, lectures, audio-visual presentations, laboratory demonstrations, guest speakers, and other one-time events in the educational process. I understand that I may have additional work to complete upon my return to school. I agree to complete this work and turn it in to my teachers within the agreed-upon time frame. I am aware that failure to do so may result in academic regression and/or a lower grade in the class.

Parent: I agree to minimize the detrimental effect of the absence by having my child complete assignments given to him/her by his/her teacher. I am aware that failure to do so may result in academic regression and/or a lower grade in the class. I realize my child may have additional work to complete upon his/her return to school and he/she will need to complete it within the agreed-upon time with the teacher of the class.

Additionally, if the school administrator determines this absence does not meet the criteria for a "personal justifiable reason" and you choose to have your child miss school, his/her attendance will be marked as "unexcused" and your child will be subject to the truancy letter notifications, as well as possible SART and SARB procedures (depending on the number of absences already accrued for the school year).

Student Signature:_____ Date:_____ Parent Signature:_____Date:_____

For Office Use Only

Absence: ☐ Approved ☐ Not Approved

School Site Administrator Signature: _____ Date:_____