

PRIOR APPROVAL FORM FOR EXTENDED ABSENCES

Extended Absence: Three (3) or more consecutive school days
 Up to 10 total days during a school year may be approved for verified leave.

This form must be returned to the Student Services Secretary in the office at least 1 day prior to the start of the absences. A current ATTENDANCE and GRADE printout MUST ACCOMPANY this form (obtain those from the Student Services Secretary.)

Date: _____

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email Address: _____

The student will be absent from _____ through _____.
First day of absence Last day of absence

Explanation for extended absences: _____

	Class	Teacher Signature	Comments
Period 1			
Period 2			
Period 3			
Period 4			
Period 5			
Period 6			
Period 7			
Period 8			

I, the student, accept responsibility for getting materials/notes, for completing assignments, and making arrangements for any testing prior to or upon return of absence as required by the teacher. I, the student, realize that any absences may adversely affect his/her grades due to missed labs, participation points, guest speakers, etc.

Student Signature: _____ Date: _____

I, the parent/guardian, reviewed attendance and grade information and teacher comments. I realize that any absence from school may adversely affect my child's academic performance, i.e. missing labs, participation points, guest speakers, etc. I understand that this form does not excuse missed assignments, tests, etc.

Parent/Guardian Signature: _____ Date: _____

Date received in office: _____ Total Number of Days this year: _____

Administrative response: APPROVED or DENIED for excused absences. (If denied, parent/guardian will be notified of the reason.)

Administrator Signature: _____ Date: _____