**Request for Approved Absence**

**DIRECTIONS FOR STUDENTS:** Please complete the following information and submit to the main office **ONE WEEK PRIOR** to the first day of absence. Absences should be avoided during major exams/events, including but not limited to: semester exams, unit assessments, quarterly assessments, juries, performances, state assessments, AP Exams, etc.

<table>
<thead>
<tr>
<th><strong>STUDENT NAME</strong></th>
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<tbody>
<tr>
<td>Grade and Homeroom</td>
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<td>Major</td>
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**Date(s) of upcoming absence**  
(indicate Day 1 or 2 for high school students)

**Date student will be returning to school**  
(indicate Day 1 or 2 for high school students)

**REASON FOR ABSENCE** (please check one of the following):

- [ ] Arts Related
- [ ] Family Obligation
- [ ] College Visit
- [ ] Medical Absence
- [ ] Religious
- [ ] Other

*Please attach any official correspondence to substantiate your absence request (doctor’s note, letter from university, etc.)*

**BRIEFLY DESCRIBE THE NATURE OF THE ABSENCE:**

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

**Parent Signature**  
**Phone Number**  
**Date**

*It is the responsibility of the student to obtain schoolwork in advance prior to any approved extended absence and to complete that work within one week of the student’s date of return.*

**Student Signature**  
**Date**

(Over)
Please have your teachers provide your grade to date in the table below before turning this form into the office for approval (you do not need to complete this if the absence is medical in nature).

<table>
<thead>
<tr>
<th>CLASS</th>
<th>GRADE TO DATE</th>
<th>TEACHER INITIALS</th>
<th>If exams will be missed teacher should OK here and list date of rescheduled exam.</th>
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For office use only:

- [ ] Approved  - [ ] Not Approved

Principal Signature ___________________________ Date ___________________________

Comments: ___________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Once approved, completed forms will be returned to homeroom teachers and then given to student.