



PK-12 Request of Absence

Policy: If your child needs to be absent from school for any reason other than **sickness, medical and dental appointments, or an emergency in the family**, this form must be completed by your student's teacher/s, signed by you, and **returned to the office two days prior to the planned absence**. If this policy is not followed, the absence may result in being documented as unexcused and subject to the *Unexcused Absence Policy* stated in the Parent/Student Handbook.

IMPORTANT: If your child will be absent more than five school days (1 week), a meeting with an administrator is necessary before approval can be granted.

Today's Date: _____ Grade: _____

Student's Name: _____

Date(s) of requested absence: _____

Reason for absence: _____

Parent Signature: _____

Administrator Signature: _____

Class	Assignment (s)	Teacher Initial