

Excused Absence Request Form

Today's Date: _____

To: **Mr. Schuck** and _____ (Teacher's name)

From: _____ (Parent's name)

Student: _____ Grade: _____

Please refrain from taking your child from school during CSAP testing time and October Count, as it will not be an excused absence.

I request permission for my child to be absent from school on the following day(s),

_____, (not to exceed 5 days)

for the following reason:

I understand this is a request and the Head of School may decline my request of an excused absence from school. I also understand that this form must be approved before the student's absence will be considered excused. I further understand the academic penalties will apply if the absence is 'unexcused'.

By making this request, I agree to discuss with my child's teacher/s prior to the absence about how and when to complete all the assignments and/or tests that will be missed during the absence.

(Parent's Signature)

(Student's Signature)

*****Please allow five (5) school days for approval.***
You will only be notified if the absence IS NOT approved.**

For office use only:

Approved. The absence(s) on the following date(s) is/are excused: _____

Absences beyond those approved dates are unexcused.

Unapproved _____