



Pre-Approved Absence Request for Extenuating Circumstances

Form must be submitted at least one week prior to the absence. Complete one form for each student.

CONTACT INFORMATION

Student last name _____ Student first name _____ MI _____ Teacher _____

Parent/Guardian last name _____ Parent/Guardian first name _____ MI _____ Student grade level _____

Primary phone contact _____ Additional contact number _____

ATTENDANCE POLICY

The principal or designee may excuse a student for temporary absences when receiving satisfactory evidence of illness or other acceptable reasons. The following conditions may result in an excused absence from school:

1. Illness,
2. Death or serious illness in the immediate family,
3. Participating in a school function,
4. Attendance at religious services, or
5. Extenuating circumstances approved by the principal.

EXCUSED ABSENCE REQUEST

I am requesting permission for my child's absence to be excused for the following extenuating circumstances:

Dates of absences

From _____ To _____

Elementary

Number of absences in current semester _____

Number of missed school days in absence request: _____

Secondary

Highest number of absences in a class _____

PARENT/GUARDIAN ACKNOWLEDGEMENT

I acknowledge that these absences may jeopardize my child's academic progress.

Parent/Guardian signature _____ Date _____

PRINCIPAL/DESIGNEE CONSIDERATION OF REQUEST

_____ I approve this as an approved absence

_____ I do not approve this as an excused absence. It will be marked as unexcused.

A copy of the completed request with principal/designee signature is provided to the parent/guardian. If the pre-approved absence request is denied, the parent/guardian may have that decision reviewed by making a request to the appropriate division within two school days.

Principal comments

Principal/Designee signature _____ Date _____

MAKE-UP WORK

When a family knows in advance that their child will be absent from school for five or more days, a separate class work make-up request can be made through the school office.

Copy to: _____ Principal _____ Office _____ Teacher _____ Parent _____ Other _____

STELLER SECONDARY SCHOOL

Student name _____ printed _____ Grade _____ Date _____

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FILL OUT COMPLETELY