

Print legal name of student \_\_\_\_\_ Grade \_\_\_\_\_ Student ID \_\_\_\_\_

Proposed dates of absence \_\_\_\_\_ Reason \_\_\_\_\_ Letter attached YES NO

I, the parent/guardian of the above named child, understand that attendance in school is very important to student success and that taking my child out of school for an extended period of time is detrimental to his/her academic progress. I also understand that certain classwork (e.g., science labs) will not be able to be made up and that this may affect my child's grade.

Parent/Guardian Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

## REQUEST FOR PREAPPROVAL OF ABSENCE and INDEPENDENT STUDY CONTRACT

Student — sign below and have all of your teachers fill in necessary information. Turn in the completed form, including all signatures, to the Attendance Secretary a minimum of one day prior to the first day of absence.

I am requesting to make up work and/or tests that I will miss during the proposed absence(s). I will make up the work and/or tests within a reasonable time as agreed upon in consultation with my teachers.

Student signature \_\_\_\_\_

Period	Subject	Comments/Dates for Completion	Teacher's Signature
1	_____	_____ _____ _____	_____
2	_____	_____ _____ _____	_____
3	_____	_____ _____ _____	_____
4	_____	_____ _____ _____	_____
5	_____	_____ _____ _____	_____
6	_____	_____ _____ _____	_____
7	_____	_____ _____ _____	_____

Counselor's signature \_\_\_\_\_ Team Leader's signature \_\_\_\_\_

Principal's (or designee's) signature \_\_\_\_\_ Date \_\_\_\_\_ This absence is excused YES NO