

## **EDUCATIONAL ABSENCE REQUEST FORM**

## **BASIC INFORMATION:**

Administrator Signature:

Student:	Grade:	
Teacher:		
First Day of Absence:	Last Day of Abse	nce:
Total Number of School Days Absent for Leave:		
EDUCATIONALLY SIGNIFICANT PURPOSE OF ABSENCE:		
2 1/2 1/2 2		
Parent/Guardian Requesting Absence (print name):		
Contact Phone Number:		
Parent Signature:		
Please submit this form to your child's teacher. The teacher will forward the form to the office for final		
approval. This form will not be accepted without the signatures of the parent/guardian and the child's		
teacher.	special triangular time engineering or time	pa. 6.1.4, 8.4.4. 4.1.4. 4.1.4 6.1.1.4 6
Teacher Signature:		
redefier signature.		
When all portions of this form are complete, it is to be routed to the main office for administrative		
approval. Upon approval or denial, a copy of the form will be returned to the student. The original form		
will be retained in the student's official record.		
will be retained in the student's difficial record.		
Office Use Only:		
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Date received:	Absences to Date:	Educational Experiences to Date:

Days approved as Educational

Experiences:

Days **denied** as Educational

Experiences:

<sup>\*</sup>You must submit requests for Education Leave absences two weeks prior to the first day your child will be absent. Student(s) must have a "B" or higher in all classes. A "C" will be considered on a case by case basis. Student(s) must have zero behavior demerits for the quarter in which they are requesting leave. Should the leave be requested within the first 3 weeks of a quarter, the previous quarter will be assessed. Student(s) have missed less than ten (10) total days of school. Student(s) must submit their missed work on the first day back from their educational leave. Tests and quizzes must be made up within the first two days back to school unless special arrangements have been made prior to leave.