

FORM TO REQUEST ABSENCE FOR VALID EDUCATIONAL OPPORTUNITY K-12

This form must be completed by the student's parent/guardian and filed with the principal at least five days prior to the day of absence.

STUDENT'S NAME: _____

REASON FOR REQUEST: _____

DATE(S) OF REQUESTED ABSENCE: _____

BENEFITS FOR STUDENT: _____

DATE

PARENT/GUARDIAN SIGNATURE

*(THIS SECTION TO BE COMPLETED BY
PRINCIPAL)*

_____ APPROVED (CODE 1--EXCUSED) COUNTED AS AN ABSENCE

_____ NOT APPROVED (CODE 2--UNEXCUSED) COUNTED AS AN ABSENCE

PRINCIPAL'S

SIGNATURE DATE

NOTE 1: There is no longer a ZERO (0) CODE

NOTE 2: If this request is approved, the student is responsible for requesting make-up work from all teachers **PRIOR** to the absence.