

ATTACHMENT #3
PARENT REQUEST FORM FOR EXCUSED ABSENCE

**** Completing this form and presenting it to Administration does not guarantee automatic approval. ****

Date(s) of planned absence: _____ Homeroom/First Period Teacher: _____

Number of school days to be missed: _____

Name of student(s):

| Student Name | School | Grade | Absences to Date |
|--------------|--------|-------|------------------|
| | | | |
| | | | |

Are siblings at other Shelby County Schools also included in this request? _____
 (If so, please list.)

| Student Name | School | Grade | Absences to Date |
|--------------|--------|-------|------------------|
| | | | |
| | | | |

Number of days requested for excused absences this year: _____

Briefly explain the purpose / reason for this request: _____

Note: Pending administrator approval of this request, the student(s) will be responsible for securing and completing all academic assignments that are missed as a result of this absence.

 Parent Signature

 Date

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| | |
|---|---------------|
| <i>For School Office Use Only:</i> | |
| Decision regarding this parent request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| Follow-up with other local school Administrators | |
| _____ Administrator Signature | _____ Date |
| <i>Reminder for Administrators – Prior to Approval, check with neighboring schools that may be serving siblings.</i> | |