

**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

.....

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