

Request Form for **Excused Absence**

NOTE: Do **NOT** complete this form if your child is absent due to a school-sponsored activity (e.g. field trip, sporting event). Such absences are automatically Excused.

Both forms are to be returned to the Main Office.

Student Name _____

Parent Name _____

Parent Phone _____

Date of Absence _____

Reason for Absence:

- Illness of student
- Caring for a family member who has an illness
- Medical/Dental appointments
- Court appointments
- Driver's license test
- Family emergency i.e. funeral
- Religious purposes

Other _____

Parent Signature

Date

A parent signature is accepted for the first 5 days absent due to routine medical/dental appointments OR student illness. However, a healthcare professional must complete the shaded region below for all days exceeding the 5th absence in order to have it excused for medical reasons.

Section A: Medical Staff ONLY

Healthcare professional (please print)

Title

Healthcare professional (signature)

Date

This form has been reviewed by the Assistant Head of School.

- YES, the request has been approved. Day(s) will be deducted from total absences.
- NO, request has been denied. Reason for absence does not qualify as excused, or circumstance required completion of Section A.

Jaymi Wilbanks

Date