ANCHORAGE SCHOOL DISTRICT



## **Pre-Approved Absence Request for Extenuating Circumstances**

Form must be submitted at least one week prior to the absence. Complete one form for each student.

Contact Information				
 Student last name	Student first name		<u>MI</u>	Teacher
Parent/Guardian last name	Parent/Guardian first name		<u>MI</u>	Student grade level
Primary phone contact	Additional contact n		umber	
Attendance Policy				
<ul> <li>The principal or designee may excuse a student for acceptable reasons. The following conditions may 1. Illness,</li> <li>2. Death or serious illness in the immediate 3. Participating in a school function,</li> <li>4. Attendance at religious services, or</li> <li>5. Extenuating circumstances approved by the series of the series</li></ul>	y result in an exce family,			lence of illness or other
Excused Absence Request				
I am requesting permission for my child's absence to be excused for the following extenuating circumstances:				
Dates of absences		Elementary		
From To		Number of absences in current semester		
Number of missed school days in absence request:		Secondary Highest number of absences in a class		
Parent/Guardian Acknowledgement				
I acknowledge that these absences may jeopardize	e my child's acad	emic progress.		
Parent/Guardian signature			Date	
PRINCIPAL/DESIGNEE CONSIDERATION OF R I approve this as an approved absence I do not approve this as an excused absence		ked as unexcused.		
A copy of the completed request with principal/designee si parent/guardian may have that decision reviewed by mak				
Principal comments				
Principal/Designee signature		Date		

## Make-up work

When a family knows in advance that their child will be absent from school for five or more days, a separate class work make-up request can be made through the school office.

Copy to: \_\_\_\_\_Principal \_\_\_\_\_Office \_\_\_\_\_Teacher \_\_\_\_\_Parent \_\_\_\_\_Other