

PRE-APPROVAL ABSENCE REQUEST

ABSENCE REQUEST FOR : _____ GRADE _____
Student Name (as it appears on official records)

REASON FOR REQUESTING ABSENCE(S): _____

DATE(S) TO BE MISSED: _____

*Pre-Approved Absence Request Form must be completed, signed, dated and returned to the Attendance Office prior to the absence. A parent must also meet with an administrator to approve of the absence.

 PARENT/GUARDIAN SIGNATURE

 PHONE NUMBER

*****STUDENT RESPONSIBILITY*****

I assume the responsibility of acquiring and making up all missed work during my absence. This pre-approval will eliminate the requirement for ARC's related to this absence, but I understand that missing class creates a difficulty in recreating the missed learning opportunities and may have a negative impact on my grades.

 STUDENT SIGNATURE

REQUEST APPROVED BY: _____ DATE: _____
ADMINISTRATOR'S SIGNATURE

	CLASS	ASSIGNMENTS DUE:	TEACHER SIGNATURE	HOW STUDENT SHOULD GET MISSED INFO
A1				
A2				
A3				
A4				
B1				
B2				
B3				
B4				

Appeal Form

Student Name: _____ Grade: _____

Student Number: _____ Date: _____

Student Cell Number: _____

FYI:

- Medical appointments or illness absences or check-ins do not need to be appealed if a note from the doctor is submitted.
- Tardies should not be appealed

Reason / Request:

Name of Parent/Guardian _____ Cell phone _____

Parent/Guardian Authorization

E-mail or submit to Mrs. Louder (Attendance Office)
alouder@alpinedistrict.org