

EXTENDED ABSENCE DISCRETIONARY ABSENCE

Date of Request: _____ School: ____

Student's Name:	Grade:
Reason for Absence:	
Date(s) of Absence:	
Full Day: Part Day:	Time Departing:
	Time Returning:
	(Student must follow the school's normal early dismissal and late arrival procedures.)
For absences in excess of three days, the predetermine if the absences will be lawful/excuconsecutive days or more, the written reques	
	secutive school days or more will be withdrawn from rided they meet enrollment requirements, upon their return.
Students returning from <u>lawful</u> absences h	nave an equal number of days to complete make-up work.
Parent/Guardian Signature:	
Disposition: Approved:	Disapproved:
Principal Signature:	
Reference: HCPSS Policies 8010, 8020, 9010	
	N: 15 01010 110 010 ((00