

RECURRING ABSENCE FORM

If a student will be absent for a portion of the school day due to a recurring appointment, sports practice/event, or other elective activity, this form should be submitted **2 weeks before** the recurring absence begins, if possible.

It is recognized that the school does not have the authority to tell parents when and for what reason they may take their children out of school. At the same time, parents must recognize that whenever a child is absent, an extra burden is placed on the teacher and the student to help him/her to catch up on their work upon return. Schools are permitted to grant excused absences due to an approved activity that is consistent with district policy and is mutually agreed upon by the principal or designee and a parent, guardian, or emancipated youth.

Please consider the following stipulations in order for the recurring absence to be considered excused:

1. We ask parents to communicate in a timely manner by properly filling out this form 2 weeks before the recurring absence is to begin.
2. We ask parents to seriously consider the effect absences may have upon the student's school progress.
3. **Parents and students assume full responsibility for any tests or assignments missed during the period of absence.** Assignments received prior to departure are **due on the day of return to school** in order to assure teachers that the student is abreast of the classroom activities.
4. Teachers are not obligated to permit make-up work if proper arrangements have not been made prior to departure.
5. Absences during MAP Growth Testing days are strongly discouraged.

Student Name: _____ **Student Grade:** _____

Start date of absences: _____ **End date of absences:** _____

Days the absence will occur: M T W Th F **Time student will be picked up:** _____

Time student will return or N/A: _____

Reason for Absence

(please check one)

- ☐ APPOINTMENT _____
- ☐ SPORTS PRACTICE _____
- ☐ SPORTS GAME/EVENT _____
- ☐ OTHER _____

Explanation of absence: _____

PARENT INITIALS: _____

(Please return form to SCA office for teacher input before signing below.)

To be completed by student's teachers prior to parent/guardian signature:

TEACHERS: Initial appropriate squares indicating potential impact of proposed absence.	Math	Bible	Social Studies	Science	Language	Electives
Will need to make up work and/or test (s)						
Absence will adversely affect class progress						
Absence puts student in danger of failing grade; tutoring may be required at \$50/hr						
Student's current grade in class						

Administrator Signature: _____ **Absence:** ☐ Excused ☐ Unexcused

I have reviewed teacher input and accept responsibility for the impact that this absence will have on my student's grade.

Parent/Guardian Name: _____ **Signature:** _____

OFFICE USE: emailed copy to parent and teachers _____