**“Good Attendance is the Key to Academic Success!”**

**INSERT SCHOOL NAME HERE**

 **Request For Principal Approval**

 **of an excused absence
 Supporting documentation must accompany this form**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please list siblings on separate forms)

Date(s) of Absence\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Excuse Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Principal Approval Needed For:**

□ Excuse provided one week after last date absent

□ Student has reached their 9 district allowed parent authorized absences (PAA, PALA, PAEL, PMD, PMLA, PMEL)

□ Family Emergency or Exceptional Situation; Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Pre-Excused Absence; Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Limit to ten (10) per year and must be requested in advance of the absence
* Refer to Administrative Guideline 5200b

□ Student Travel Outside of U.S. Travel (written only) Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I, the undersigned, do hereby request the above named student to be excused for travel outside of the United States. I understand that, if approved, up to only ten (10) days may be excused. I further understand that failure to make contact with or return to school on the eleventh day of the absence may result in the above named student being deemed a transfer outside of the United States and therefore withdrawn from Columbus City Schools.

**Note**: When completing this form, the receiving secretary must scan this document and email it to the school nurse.

PARENT/GUARDIAN SIGNATURE (when appropriate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_

**For Attendance Office Use Only:**

Absence to be coded as: Unexcused Excused Medical Medical Early Leave Medical Late Arrival

 Tardy Unexcused Tardy Excused Early Leave Unexcused Early Leave Excused

Principal Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Comments (if necessary): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Emailed copy to the school nurse (for Student Travel Outside of U.S. **only**)

Date Entered Into IC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entered into IC By: \_\_\_\_\_\_\_\_\_\_\_\_\_

(Note: Only change the absence code if the reason given meets the criteria in the Board Policy)