

"Good Attendance is the Key to Academic Success!"

STUDENT ABSENCE NOTIFICATION FORM

Student Name		Date(s) of Absence	
(please list siblings on separate forms)			
Reason for absence	e (select one):		
Personal IIIn	ess	Medical or Dental Appointment	
Other	of a religious holiday	□ Death in the family (limited to a period of 3 days)	
(Principal approval may be required for the purpose of documenting the reason for accepting or denying the excuse)			
PARENT/GUARDIAN SIGNATURE:		DATE:	
Absence Called In Via Phone (complete below):			
Name of caller (must be parent or guardian):		Time of call:	
Form completed by		Date:	
For Attendance Office Use Only:			
Student Number:			
Absence coded as:	□ Unexcused (UNX)	□ Parent Authorized Absence (PAA) □ Parent Medical (PMD)	
	Parent Authorized La	ate Arrival (PALA)	
	Parent Authorized Ea	arly Leave (PAEL)	
Note: If this request exceeds the students 9 th Parent Authorized Absence (PAA, PALA and/or PAEL), or the request is received more than one week after the last date of absence, you must submit a <u>Request For Principal Approval of an Excused Absence</u> form to the Administrator for proper coding.			
Date Entered Into IC		Entered By:	
(Note: Only change the absence code if the reason given meets the criteria in the Board Policy)			

The Columbus City School District does not discriminate based upon sex, race, color, national origin, religion, age, disability, sexual orientation, gender identity/expression, ancestry, familial status or military status with regard to admission, access, treatment or employment. This policy is applicable in all district programs and activities