



Public Charter High School

# REQUEST TO EXCUSE STUDENT ABSENCE

We understand that there are times when a student will need to miss school. Please use this form to document the reason for your student's absence from school.

*This completed form (with supporting documentation, if required) should be submitted to the Correspondence Drop Box located in the main lobby within two (2) days of your student's return to school.*

Please note that all absences (excused/unexcused) will count towards the Loss of Credit Absence Policy. *Five (5) absences (excused/unexcused) in any quarter in a particular class may result in an automatic loss of credit for that quarter in that class.*

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Grade (check one):  Grade 9  Grade 10  Grade 11  Grade 12

Absence Date(s): \_\_\_\_\_ to \_\_\_\_\_

<b>REASON FOR ABSENCE</b> Please select only one (1) and provide required documentation.		
	Reason	Supporting Documentation Required
<input type="checkbox"/>	Illness	1-2 days – none needed 3 or more days – attach physician's note
<input type="checkbox"/>	Medical/Dental appointment	Attach appointment card from attending physician/dentist;
<input type="checkbox"/>	Legal appointment	Attach court documentation or other supporting documentation
<input type="checkbox"/>	OTHER	Please explain reason for absence in space below:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  HOME  MOBILE  OFFICE  
 ----- FOR SCHOOL OFFICE USE -----

- ABSENCE EXCUSED   
  Updated in EE   
  Sent to QA Manager (if note from prior month)  
 ABSENCE UNEXCUSED

School Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_