



ANCHORAGE SCHOOL DISTRICT

Pre-Approved Absence Request for Extenuating Circumstances

Form must be submitted at least one week prior to the absence. Complete one form for each student.

CONTACT INFORMATION

Student last name _____	Student first name _____	MI _____	ASD student ID# _____
Parent/Guardian last name _____	Parent/Guardian first name _____	MI _____	Student grade level _____
Primary phone contact _____		Additional contact number _____	

ATTENDANCE POLICY

According to ASD School Board Policy 443 (b):

The principal or designee may excuse a student for temporary absences when receiving satisfactory evidence of illness or other acceptable reasons. The following conditions may result in an excused absence from school:

1. Illness,
2. Death or serious illness in the immediate family,
3. Participating in a school function,
4. Attendance at religious services, or
5. Extenuating circumstances approved by the principal.

EXCUSED ABSENCE REQUEST

Since the reason for my child's absence does not fall under the conditions listed in ASD School Board Policy 443 (b), I am requesting permission for my child's absence to be excused for the following extenuating circumstances:

Dates of absences	Elementary
From _____ To _____	Number of absences in current semester _____
Number of missed school days in absence request: _____	Secondary
	Highest number of absences in a class _____

PARENT/GUARDIAN ACKNOWLEDGEMENT

I acknowledge that these absences may jeopardize my child's academic progress and that the absences will be considered for attendance probation, withdrawal of credit and identification of a student as habitually truant.

Parent/Guardian signature _____ Date _____

PRINCIPAL/DESIGNEE CONSIDERATION OF REQUEST

- I approve the absence request
- I do not approve the absence request for the following reason(s):

Principal/Designee signature _____ Date _____

When a family knows in advance that their child will be absent from school for five or more days, a separate class work make-up request can be made through the school office.

A copy of the completed request with principal/designee signature is provided to the parent/guardian. If the Pre-Approved Absence Request is denied, the parent/guardian may have that decision reviewed by making a request to the appropriate Division within two (2) school days.



Eagle River High School
MAKE-UP WORK FOR PRE-APPROVED ABSENCE
(To be completed at least 1 week in advance by all students who wish to make arrangements to be absent from school.)

TO PARENTS AND STUDENTS:

Please note the following information regarding make-up work for pre-acknowledged absences.

MAKE-UP WORK:

Work assigned before a pre-acknowledged absence will be due on the day the student returns to school. If notification of a test is given before the absence, the test may be given upon return to school. The test will be given at the teacher's convenience.

STEP I: Complete the following:

Name _____

Grade _____ Age _____ ID # _____

Home Address _____

Home Phone _____ Parent Work Phone _____

Proposed Dates of Absence _____ through _____

Reason for absence _____

STEP II: List schedule and have teachers complete and sign

Period	Subject	Grade to Date	Teacher Signature	Teacher Comments
1				
2				
3				
4				
5				
6				

STEP III: Parent / guardian approval:

I acknowledge the above information regarding make-up work and due dates.

Parent signature _____ Date _____

Student signature _____ Date _____