

SCHEDULED ABSENCE REQUEST

Scheduled Absences are counted as absent days and are not an excused absence.

Date: _____

Last Name _____ Phone # _____

Email (*print clearly*) _____

For
Administrator

Student Name		Grade	Teacher	
FIRST	LAST			

The above student(s) will not be attending school on the following dates:

[month, date(s), year] _____

Reason for Absence _____

I understand that it is my responsibility to email the teacher(s) and notify them of the planned absence. I also understand that homework may not be available prior to my scheduled absence and that my student(s) may need to make up missed assignments when they return. Lastly, I understand that APA has a 94% attendance goal and this absence may affect that goal. I acknowledge that if my student misses nine consecutive days of school, he/she may lose their enrollment status on the 10th day of consecutive absence.

Parent Signature _____

For Administrator Use ONLY

Approval: _____ (Administrator) Date: _____

Notified: Parent _____ Teacher _____ Entered in SIS _____