



CSHS Excused Absence Request



Please Print

Student's Name _____ Grade: _____

Please complete and turn in to the attendance office within two school days of student returning from absence/tardy. ****Documentation required for absence to be considered excused.**

Request:

will be leaving on _____ (date) at _____ (time) for:

- Doctor Appt** Dentist Appt** Special Event (explain):
- Religious Holiday Court Appearance** Other (explain):

Absence:

was absent on _____ (date/s) for the following reason:

- Illness (3+ days**) Doctor Appt** Dentist Appt**
- Court Appearance** Death in the Family Other (explain):

A student who is absent more than (9) days within a semester, will not receive a passing grade for the semester unless: Medical evidence, the student demonstrates mastery of the student performance standards in the course, and if absences are excused, all educational requirements for the course shall be met before a passing grade and/or credit is assigned.

Tardy:

was late on _____ (date/s) for the following reason:

- Doctor Appt** Dentist Appt** Court Appearance**
- Other (explain):

Students are expected to be on time to all classes. Students who are tardy to school must be signed-in at the Main Office. An excused tardy exists when reasons acceptable to the principal or his or her designee are given. Excused reasons may include prearranged tardies, medical reasons (which require a doctor's note), accompaniment by a parent to the Attendance Office, or late bus. All other tardies are unexcused.

Those students arriving late and have missed more than half the class, will not be allowed to enter class, will be detained in ISS and marked unexcused. Excessive tardiness is considered 3 or more tardies. Consequences for tardies:

- 1st Tardy Warning
- 2nd – 3rd Tardy ISS Lunch Detention
- 4th Tardy Saturday School
- 5th Tardy Saturday School and / or Possible Suspension

Parent/Guardian Name _____ Phone # _____

Parent/Guardian Signature _____ Email _____

-I agree to make up all class work as required by the teachers. I understand that if my class work is not completed
Student Signature _____

Office Use Only: Received on: _____

Excused Unexcused Submitted Beyond 2 School Days Verified Authenticity

Dr Note Request Verified with _____ by _____