

INGRAHAM HIGH SCHOOL
REQUEST FOR PRE-PLANNED EXCUSE ABSENCE FORM

NOTE: This fully completed form must be submitted to the Attendance office at least three (3) school days before the start of the planned absence. For multiple siblings complete and submit a separate form for each student.

Student Name: _____ ID#: _____
 (First) (Last)

Date(s) of Absence(s): _____ Grade: _____

Reason for Absence: (check one):

- Extended Medical (recurring appointments; surgery, oral surgery – out at least 3 days)
- Bereavement (memorial service, funeral, 3+ days out)
- Religious or cultural (holiday, participation in instruction)
- Post-secondary visit (college, technical school, apprenticeship program, scholarship interview)
- A reason of faith or conscience, or for an organized activity conducted under the auspices of a religious denomination, church, or religious organization, for up to two (2) days per school year – Submit Preplanned Absence form
- An approved activity that is consistent with the district policy and is mutually agreed upon by the principal or designee and a parent, guardian, or an adult, emancipated or appropriately aged student. – Submit Preplanned Absence form
 - (a) Activities that are consistent with district policy deepen and/or expand student learning, build community awareness, develop skills, (e.g., technical, visual or performing arts, athletic) and/or prepare students for college, career and life. Activities eligible for approval include attending a youth conference, serving as a counselor at a school-sanctioned outdoor education program and participating in an activity sponsored by a nonprofit and/or community organization that relates to the policy objectives listed above.
 - (b) At the time of the activity the student must meet or exceed the eligibility criteria for students participating in district-sponsored activities and have a plan in place for making up missed classroom activities and assignment.
- Family trip – ***Family trips, visits/vacations of any duration are not excused.***

To Be Completed by Student’s Teachers: (BEFORE Parent/ Guardian Signs)

Teachers: Initial in appropriate space	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6
Will need to make up work						
Will not need to make up work						
Will adversely affect class progress and work CANNOT be made up						
<i>SHOULD NOT</i> miss class (student in danger of failing class)						
Student’s current grade in class						

I have read the above and am aware of the teachers’ comments regarding the effect of this absence on my student’s class progress. I understand that teachers’ initials DO NOT mean the absence is approved.

►Parent/Guardian Signature: _____ DATE: _____

Daytime Phone: _____ Evening Phone: _____

The absence for this trip will be [] EXCUSED [] UNEXCUSED Principal: _____
 Date: _____