Canyon Middle School

REQUEST FOR PRE-APPROVAL OF ABSENCE

For pre-planned absences of **one to two days**, to ensure that your absence or excuse is not counted toward truancy, advance written request by the parent/guardian and approval of the principal or designee is requested for the following justifiable personal reasons, including, but not limited to:

(Ed. Code 48205, AR 5113)

- ☐ Appearance in court.
- ☐ Attendance at a funeral service for a non-immediate family member.
- ☐ Attendance at religious retreat not to exceed four (4) hours per semester.
- ☐ Observance of holiday or ceremony of his/her religion.
- ☐ College visit/High School Shadow Days or Interviews.
- ☐ Civic or Political Engagement (one day per school year)
- ☐ Participation in religious instruction or exercises in accordance with district policy: (Education Code 46014) (The student shall be excused for this purpose of no more than 1 day per school semester.)
- ☐ Family Necessity/Emergency of less than 3 school days provided the pupil makes up all the work missed during the absence. Specify reason: _____.
- ☐ Other pre-approved justifiable reason (non-vacation). _____ _____.

Student Name_____ ID# _____

Proposed dates for absence: From: _____ through_____ Total school days_____

Note: If the absence will be **3 or more days**, please fill out an Independent Study Contract available through the attendance office (must be submitted at least 10 school days prior to the first day of absence.)

Agreement

Student: I understand that the absence from the classroom may have a negative impact on a student's progress for that class, since it is impossible to "make-up" class discussions, lectures, audio-visual presentations, laboratory demonstrations, guest speakers, and other one-time events in the educational process. I understand that I may have additional work to complete upon my return to school. I will complete this work and turn it in to my teachers within the agreed upon time frame. I am aware that failure to do so may result in academic regression.

Parent: I agree to minimize the detrimental effect of the absence by having my child complete assignments given to them by their teacher. I am aware that failure to do so may result in academic regression. I realize my child may have additional work to complete upon returning to school.

Student Signature:_____ Parent Signature: _____ DATE: _____

Office Use Only

Absence: Approved / Not approved (circle one)

Principal or Assistant Principal Signature:_____ Date_____

Note: If approved, a pupil absent from school under this section shall be allowed to complete all assignments and tests missed during the absence that can be reasonably provided and, upon satisfactory completion within a reasonable period of time, shall be given full credit. The teacher of the class from which a pupil is absent shall determine which tests and assignments shall be reasonably equivalent to, but not necessarily identical to, the tests and assignments that the pupil missed during the absence.