

Student Name:

Secondary Attendance Practices Application for Exemption Emergent Issue/Extenuating Circumstances

This form must be submitted to the school's main office as soon as possible. Use this form when there is an unforeseen situation which has required the student to be absent. Medical documentation may be requested to support this completed form.

Please submit this form to the main office.

Grade:

Date Submitted:							
Date(s) Absent:				otal # of School ays Absent:			
Reason for Absence:			·				
Student Signature:			Da	Date:			
Parent/Guardian Signature:			Da	nte:	e:		
For Office Use							
Date:				GRANTED DENIE		DENIED	
Comments:							
Attendance Committee Members Approved By:							
Signature:			Dat	e:			
Signature:			Dat	e:			