**Innovation Lab High School**



*“Play – Create– Iterate”*

**Prearranged Absence Request (3 or more days)**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: 9 10 11 12 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I. TO THE PARENTS/GUARDIANS:**

An absence from school, even though the work is made up, is not advisable unless absolutely necessary and may result in a ***lowered grade***.

* Instruction may not be repeated and could adversely affect the final grade.
* A teacher’s approval *does not eliminate the need to complete missed course work.*
* We discourage parents from removing students from school for extended periods of time, since their learning could be negatively impacted.

**The parents/guardians of the above-named student request that he/she be excused from school**

**from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_through\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the following reason:**

 ***(Date) (Date)***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**II. TO THE TEACHERS:**

Please state whether the above student is doing good, average, or poor work and what the effect of the absence might be upon the student’s grade. In addition, note if it would be possible for the student to make up, in advance, the work which he or she will miss. This form, with your comments, will be sent home for the parents’ information before the excuse is granted.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Periods** | **Course** | **Work Good** | **Work Poor** | **Student should NOT be absent** | **Work should be made up in advance** | **Work due on date of return** | **Work due 1 week after return** | **Teacher Signature and Comments** |
| **0** |  |  |  |  |  |  |  |  |
| **1** |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |

**III. Parent Authorization:** Above are the comments of the teachers regarding the effect of the absence upon the work in my student’s classes. After considering this information, I request that Innovation Lab High School grant the request for an excused absence.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal/Designee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IV. Return this completed signed form to the ILHS Attendance Office.**