

Application for Preplanned Absence

This form is used to request approval in advance for unexcused, planned absences to be excused by administration. The following reasons are recognized as an excused student absence with a note and do not need prior approval: Illness of the child, illness in the immediate family, quarantine of the home, death of a relative, Funeral of relative, medical, behavioral, or dental appointment, observance of religious holidays, college visitation, military pre-enlistment or enlistment testing, parent/guardian military deployment activities, court, placement in foster care, or homelessness.

Student Name (Please Print):		Date of Request:
Program:		
*Full time students can	only be approved for a total of 30 ho	65 hours of total absences in the current school year. * ours of preplanned absence per school year .* ours of preplanned absence per school year.*
I request absence for the following dates/times:		Number of days:
I request absence for the reason of (EX: vac	ation, religious/church event, driv	ers ed.):
I understand that I am responsible for mak missed that are not made up will be counte		work and assignments that I will miss. Any assignments
Student signature:	Date:	
Parent/Guardian signature:	Date:	
Parent/Guardian email:	Parent/Guardia	n Phone number:
Lab Instructor Signature:		Comment:
Academic Instructor Signature:		Comment:
Academic Instructor Signature:		Comment:
Academic Instructor Signature:		Comment:
Academic Instructor Signature:		Comment:
Academic Instructor Signature:		Comment:
	FOR OFFICE USE (ONLY
☐ Full time ☐ Less than Full time:_	Comments:	
Absent 65 hours or less		
Total absent hours: Previous preplanned absences:		
	Hours Approved	Hours Denied
Reason for denial: Absent more to		for preplanned absence hours
UOTHER:		
Approved by:		Date: