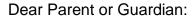
Conemaugh Township Area Middle/High School

Legally Excused Absence Request





This letter and form are in accordance with the district's attendance policy as stated in the board policy manual and the student handbook. It is the policy of this school that students who take time off during school hours are required to submit in writing the dates and reason of time off to the Assistant Principal at least one week prior to the absence. Students may use up to three educational experience days per year that will be considered excused. Students who take time off during school hours do so with the full understanding that they are responsible for the work covered during their absence. Students must arrange with teachers to obtain school work prior to the absence. The work must be made up in a reasonable amount of time and may require completion in school. Please complete and return this form to the Assistant Principal. Your cooperation is greatly appreciated.

Mr. Jarod Feathers High School Assistant Principal

Student's Name		Gra	de	
Dates of Absence: 1 st Day		Last Day _		_
Please note: This form must b order for the below days to be will be issued.				
Please check one: Participation in 4H/FFA projec	ct (counted as a pa	rental excused day)		
Participation in National Veter Observance of a religious holi College/Postsecondary institu Non-school sponsored educa	Veterans' Or day (counted as a tion visit (counted of Institute i	ganization is provided parental excused day) as a college activity day is provided confirming	confirming visit on that day.) if documentation from Admissivisit on that day.)	on Office
Job Shadowing (counted as AcList the destination and content of the e		. ,	initial:	
THIS FORM IS	DUE ONE	WEEK PRIO	R TO REQUEST	
Parent/Guardian Signature			Date	
Students: Teachers must re	cord their awarer	ness of this absence by	/ initialing the appropriate spac	e.
Period 1	Period 2	Period 3	Period 4	
Period 5	Period 6	Period 7	Period 8	

Principal's Approval _____ Date ____ Absences will be categorized as: Date(s) _____ Type ___ Parental Written Excuse(s) ___ Educational Experience Day(s) ___ Unexcused Absence(s) College Activity(s) ___ Job Shadowing-Senior Requirement Date(s) Type ___ Parental Written Excuse(s) Educational Experience Day(s) ___ Unexcused Absence(s) College Activity(s) ___ Job Shadowing-Senior Requirement Date received _____ Entered in PS:_____ Copies sent to _____

For office use only: