

Conemaugh Township Area Middle/High School



Legally Excused Absence Request

Dear Parent or Guardian:

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 _____ Grade _____

Dates of Absence: 1st Day _____ Last Day _____

Please note: This form must be filled out completely and turned in prior to the absence in order for the below days to be awarded; otherwise, if applicable, a Parental Excused Day(s) will be issued.

Please check one:

- Participation in 4H/FFA project (counted as a parental excused day)
- Participation in National Veterans' Organization (counted as an educational experience, **if documentation from Veterans' Organization is provided confirming visit on that day.**)
- Observance of a religious holiday (counted as a parental excused day)
- College/Postsecondary institution visit (counted as a college activity day, **if documentation from Admission Office of Institute is provided confirming visit on that day.**) Student initials: _____
- Non-school sponsored educational experience (max. 3 days, counted as an educational experience)
- Job Shadowing (counted as Activity Day-Senior requirement) **Mrs.Forgas initial:** _____

List the destination and content of the educational experience:

THIS FORM IS DUE ONE WEEK PRIOR TO REQUEST

Parent/Guardian Signature _____ Date _____

Students: Teachers must record their awareness of this absence by initialing the appropriate space.

Period 1 _____ Period 2 _____ Period 3 _____ Period 4 _____

Period 5 _____ Period 6 _____ Period 7 _____ Period 8 _____

For office use only:

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 _____
