

# Parent Request Form for Excused Absence

Date(s) of planned absence: \_\_\_\_\_

Number of school days to be missed: \_\_\_\_\_

Name of student(s):

Student Name	School	Grade	Absences to Date

Are siblings at other Shelby County Schools also included in this request? \_\_\_\_\_  
(If so, please list.)

Student Name	School	Grade	Absences to Date

Number of days requested for excused absences this year: \_\_\_\_\_

Briefly explain the purpose / reason for this request:

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**Note: Pending administrator approval of this request, the student(s) will be responsible for securing and completing all academic assignments that are missed as a result of this absence.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

.....  
***For School Office Use Only:***

Decision regarding this parent request:            Approved            Denied  
Follow-up with other local school Administrators

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date

***Reminder for Administrators – Prior to Approval, check with neighboring schools that may be serving siblings.***