ATTACHMENT #4

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:
_____
_____
_____

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.