

# Parent Request Form for Excused Absence

**\*\* Completing this form and presenting it to Administration does not guarantee automatic approval. \*\***

Date(s) of planned absence: \_\_\_\_\_ Homeroom/First Period Teacher: \_\_\_\_\_

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



|   |                                      |
|---|--------------------------------------|
| <b><i>For School Office Use Only:</i></b>   |                                      |
| Decision regarding this parent request:   | Approved                      Denied |
| Follow-up with other local school Administrators  |                                      |
| _____<br>Administrator Signature  | _____<br>Date                        |
| <b><i>Reminder for Administrators – Prior to Approval, check with neighboring schools that may be serving siblings.</i></b> |                                      |