

Justifiable Absence Request

(PGUSD BP/AR 5113 and PGUSD BP/AR 6154)

If you would like the Administration to consider approving an absence which is not permitted by the above referenced Board Policy, as set out in the Student/Parent Handbook, please fill in this form and return it to the Attendance Office at least two weeks prior to the date(s) of the requested absence.

Student Name: _____ Grade: _____

Date(s) of requested absence: _____

Please explain why this activity cannot take place during non-school days.

Is there an educational value of this activity? Please explain.

Parent Name – PLEASE PRINT

Parent Phone Number

Elementary School Teacher Name _____

Middle / High School List Your Classes & Teachers

Teacher Selected Option

	<i>(to be filled in by each teacher)</i>
Period 1: _____	_____
Period 2: _____	_____
Period 3: _____	_____
Period 4: _____	_____
Period 5: _____	_____
Period 6: _____	_____
Period 7: _____	_____
Period 8: _____	_____

For Office Use Only:

Date Received: _____

Number of absences to date: _____ Excused: _____ Unexcused: _____ Family _____

Administrative Decision:

This absence qualifies and work may be made up for full credit _____

This absence does not qualify and teachers are not required to assign work or give credit for missed work. _____