



NON SSCV PRE-EXCUSED ABSENCE FORM 2018-2019

Student Name: \_\_\_\_\_

Unless there is an emergency, this form is to be signed, filled in by a parent/guardian, teachers, and administrator at least **5 days prior** to the proposed absence(s) for anything non SSCV athletic or an illness or surgery related event in order to be considered for an excused absence.

STUDENT DIRECTIONS FOR USE OF THIS FORM

1. Have your parent/guardian fill out and sign their understanding of the reason for missing school.
2. Student fills out student plan for work missed on second page for each class.
3. Take to each of your teachers to fill out expectations and deadline for make up work to be submitted in relation to the student's plan. Teacher will sign whether they approve or disapprove of student absence being excused.
4. Take to Principal for signature.

Proposed date(s) of absence(s): \_\_\_\_\_

Reason for absence: \_\_\_\_\_

\_\_\_\_\_  
I/We, the lawful parent/guardian of this student, understand that any absence(s) from classes may affect my student's grade, as the teaching/experiences missed may not be replicated. **I/We also understand that the student will be allowed time to make up work based on the teacher deadline signed off on below. Please see student plan, expectations and deadline on second page.** It is the student's responsibility to request makeup work prior to the absence(s) and complete it within the stipulated limits.

\_\_\_\_\_  
Parent/Guardian Signature                      Date                      Student Signature                      Date

\_\_\_\_\_  
Approved / Not Approved

Principal Signature                      Date

Subject	Current Grade	Approve Yes/No	Student Plan	Teacher Expectation	Deadline for late work	Teacher Signature
Advisory						
1						
2						
3						
4						
5						
6						