



PARENT REQUEST FORM FOR EXCUSED ABSENCES

****Completing this form and submitting the form to Administration does not guarantee automatic approval****

Date(s) of planned absence: _____

Number of school days to missed _____

Name of student(s):

Student Name	School	Grade	Absences to Date

Are Siblings at other Pelham City Schools also included in this request? _____

(If so please list below)

Student Name	School	Grade	Absences to Date

Number of days requested for excused absence this year: _____

Briefly explain the purpose/ reason for this request:

Note: Pending administrator approval of this request, the student(s) will be responsible for screening 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.