

HAMPDEN ACADEMY

Request for Pre-approved Planned Absence

SECTION 1: COMPLETED BY PARENT/GUARDIAN:

Return this form to the main office **7 days** prior to date(s) of absence.

Student's Name: _____ Date Submitted: _____

Grade: _____

Date(s) student will be absent: _____

Reason for absence: _____

Student Absences and Excuses (as defined by State statutes)

Personal illness; An appointment with a health professional that must be made during the regular school day; a doctor's note **must** be submitted to confirm doctor's appointments. In general it is expected that students will attend school before and return to school after medical appointments, unless the doctor specifically requested submitted in writing a full day absence. Observance at a recognized religious holiday when the observance is required during the regular school day. A family emergency; or a planned absence for a personal or educational purpose, which has been **pre-approved by the principal**.

These days absent will be included in the total number of days absent as defined by the attendance policy regarding awarding of credit.

Parent/Guardian Signature: _____

SECTION 2: COMPLETED BY ADMINISTRATION:

Date Received: _____

_____ Approved

_____ Approved with academic concerns:

_____ Other: Specify: _____

Signature: _____ Date: _____