

## SCHEDULED ABSENCE REQUEST

**Scheduled Absences are counted as absent days and are not an excused absence.**

Date: \_\_\_\_\_

Family Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email (Print clearly) \_\_\_\_\_

For  
Administrator  
Use

Student Name	Grade	Teacher	
First                  Last	Grade	Teacher	

The above students will not be attending school on the following dates:

(month, date(s), year) \_\_\_\_\_

**Reason for Absence** \_\_\_\_\_

I understand that it is my responsibility to email the teacher(s) and notify them of the planned absence and I understand that their homework may not be available prior to my scheduled absence and my students may need to make up the missed assignments when they return. I also understand that APA has a 94% attendance goal and this absence may affect that goal. I acknowledge that if my student misses 10 consecutive days of school, he/she may lose their enrollment status on the 11<sup>th</sup> day of consecutive absence.

\_\_\_\_\_  
Parent Signature

For Administrator Use

Approval: \_\_\_\_\_ (Administrator)      Date: \_\_\_\_\_

Notified : Parent \_\_\_\_\_ Teacher \_\_\_\_\_ Entered in SIS \_\_\_\_\_