

EXTENDED ABSENCE DISCRETIONARY ABSENCE

Date of Request: _____ School: ____

Student's Name:	Grade:
Reason for Absence:	
Date(s) of Absence:	
Full Day: Part Day:	Time Departing:
	Time Returning:
	(Student must follow the school's normal early dismissal and late arrival procedures.)
For absences in excess of three days, the predetermine if the absences will be lawful/excuconsecutive days or more, the written request	completed form should be submitted to the principal in rincipal in consultation with the administrative directors will used or unlawful/unexcused. If the request is for 15 t should be submitted 2 weeks in advance. secutive school days or more will be withdrawn from
	ided they meet enrollment requirements, upon their return.
Students returning from <u>lawful</u> absences h	have an equal number of days to complete make-up work.
Parent/Guardian Signature:	
Disposition: Approved:	Disapproved:
Principal Signature:	_
Reference: HCPSS Policies 8010, 8020, 9010	
10010 B	V. M. D. 210.40 410.212.6600