

Absentee Forms

EDUCATIONAL ENHANCEMENT OPPORTUNITY REQUEST FORM

Date of Application: _____

To request an absence to attend or participate in an educational activity, please complete this application form and return it to your school principal at least five (5) days prior to the absence. Such an absence as requested by this signed application and approved by the school principal, will be considered an excused absence. The major intent of the activity must be educational in order for the student to be granted this type of absence. The proposed activity must have significant educational value and be composed of an intensive program related to the core curriculum (e.g. art programs, dance programs, State Fair activities, workshops that are educational in nature, college visits, etc.). The Principal will use his/her good judgment to determine if the activity meets guidelines. A student may be approved for up to ten (10) days of absence per year for this purpose. Students who are granted an absence under this law will be allowed to make up all school work. Student grades cannot be affected by lack of attendance or participation in classes for approved days. **This type of absence cannot occur during the school’s state assessment or District-wide assessments, unless there are extenuating circumstances that are approved by the Principal.** Decisions may be appealed to the Superintendent and then to the Board of Education.

STUDENT NAME(S)	SCHOOL(S)	GRADE(S)

Phone _____ Date(s) of Intended Absence(s) _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____

Please explain the nature of the event the student will be attending and how the activity meets the criteria of (1) having an educational purpose, (2) having “significant educational value,” and (3) how the activity is directly related to one of the core curriculum subjects of English, science, mathematics, social studies, foreign language or the arts.

Please attach a schedule of activities/events to be attended

Signature of Student *Date* *Signature of Parent/Guardian* *Date*
 **SUBMIT THIS FORM TO YOUR OLDEST CHILD’S SCHOOL PRINCIPAL** 

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MEDICAL EXCUSE FORM

(This form required only after 10 regular medically excused absences)

Student Name _____ Date of Birth _____

I hereby authorize this health care provider to release the information requested on this form for my child listed above. _____
Parent or Guardian signature

Date of Appointment _____ Total number of absences _____

Time of Appointment _____ Time In _____ Time Out _____

Reason for Appointment (i.e. routine office visit, follow up visit, orthodontist, dentist, emergency, tests)

Was it medically necessary for this student to be absent on date of appointment?

Yes ___ No ___ Comments _____

If no, would student have missed all day due to office location, etc.? Yes ___ No ___

Will this student need to be absent more than one (1) day? Yes ___ No ___

If yes, how long? _____

(If this student will be out for five (5) days or longer, please complete a homebound application.)

This student may return to school on _____
Date

Health Care Provider Name _____

Address _____

Phone _____ Fax _____

Signature of Physician/ARPN _____

Date _____

Note: Students in The Campbell County School District will be allowed up to six (6) absence events to be excused with a written parent note for the entire year. Campbell County Schools will excuse up to ten (10) absence events with doctor/medical excuse/note. Any absence event due to medical reason in excess of ten (10) will require the presentation of The Campbell County Schools' Medical Excuse Form before the absence will be excused. The form will be available at each school, central office and some medical facilities upon parent request.

Review/Revised:7/15/2019