

Attendance Waiver Request for 1st Semester Classes
Semester 1 class absences in excess of 9 unexcused absences.

Administrator use only

DUE JANUARY 24, 2022

Approval: YES NO

DATE: _____

Recovery: YES NO

STUDENT'S NAME: _____

No. of blocks: _____

STUDENT ID: _____ DATE OF BIRTH: _____

Other _____

GRADE: _____

PARENT/GUARDIAN: _____

PARENT/GUARDIAN ADDRESS: _____

PARENT GUARDIAN TELEPHONE: HOME/CELL: _____ WORK: _____

School Attendance Policy

Number of Allowable Absences

In order to remain eligible for course credit, students are limited to nine (9) unexcused absences per semester class or for a class that meets every other day during the school year and eighteen (18) unexcused absences for a class that meets every day during the school year. Students exceeding the number of unexcused absences per class will forfeit credit for the course regardless of their course grade, but may earn credit through one of the following recovery options:

- a) Repeat the course successfully in summer school, or
- b) Repeat the course successfully in a subsequent school term.

Absence Verification

A student's absence is considered unverified when the school has no documentation of the student's absence from the parent/guardian. The parent is required to verify any absence (within three (3) school days) upon the student's return to school. Absence verification by parent notes will be limited to four (4) absences per semester class or for a class that meets every other day during the school year; a class that meets every day during the school year is limited to eight (8) absences. Extended absences due to illness may require medical documentation. All documentation will be retained until the end of the school year. If documentation of an absence is not received within the three-day timeframe, the absence will be considered unexcused.

Attendance Waiver

The Review Panel, which shall consist of a school administrator, a school counselor and a school teacher, may consider a request for a waiver of the attendance regulation for extenuating circumstances beyond the parent's and/or student's control. However, only verified absences will be considered for an attendance waiver; consideration will not be given to classes that a student has academically failed. Each waiver request will be considered on an individual basis, taking into consideration documentation provided and extenuating circumstances. The Review Panel may request that the parent or adult student provide documentation from a medical professional when absences due to illness are excessive and/or a pattern appears to exist. Approvals of attendance waivers by the review panel must be unanimous.

***Please attach any other relevant documentation or explanation pertaining to the attendance waiver.**

LIST ON THE FOLLOWING PAGE THE CLASSES THAT YOU WOULD LIKE TO BE CONSIDERED FOR AN ATTENDANCE WAIVER:

Parent: List classes below that you would like to be considered for an attendance waiver and the extenuating circumstance(s) related. Please note if you attended and would like to apply attendance recovery to a course.	Attendance Waiver NOT NEEDED	Attendance Waiver APPROVED	Attendance Waiver DENIED	DENIED
<p>Class 1:</p> <p>Reason:</p> <p>Attendance Recovery: (circle one) Yes No</p> <p>Date(s) Attended: _____</p> <p># Recovery Blocks to be Applied: _____</p>				<p align="center">__ YES __ NO</p> <p align="center">__ The student has excessive unexcused tardies or absences.</p>
<p>Class 2:</p> <p>Reason:</p> <p>Attendance Recovery: (circle one) Yes No</p> <p>Date(s) Attended: _____</p> <p># Recovery Blocks to be Applied: _____</p>				<p align="center">__ YES __ NO</p> <p align="center">__ The student has excessive unexcused tardies or absences.</p>
<p>Class 3:</p> <p>Reason:</p> <p>Attendance Recovery: (circle one) Yes No</p> <p>Date(s) Attended: _____</p> <p># Recovery Blocks to be Applied: _____</p>				<p align="center">__ YES __ NO</p> <p align="center">__ The student has excessive unexcused tardies or absences.</p>
<p>Class 4:</p> <p>Reason:</p> <p>Attendance Recovery: (circle one) Yes No</p> <p>Date(s) Attended: _____</p> <p># Recovery Blocks to be Applied: _____</p>				<p align="center">__ YES __ NO</p> <p align="center">__ The student has excessive unexcused tardies or absences.</p>

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

SIGNATURE OF PRINCIPAL/DESIGNEE: _____ **DATE:** _____