



Leander Independent School District Notification of Absence Form

Name: _____ Date: _____

Student ID: _____ Grade: _____

Period	Course	Teacher	Passing	Failing
1				
2				
3				
4				
5				
6				
7				
8				
9				

Date(s) of requested absence: _____ through _____

Reason for requested absence: _____

Parent/Guardian Contact Information:

Home: _____ Work: _____ Cell: _____

Parent/Guardian Signature: _____

Pre-Arranged Absences:	Excused Absences:	Unexcused Absences:
<p>Absences for special events must have written approval from the principal at least 48 hours in advance. Students must be passing all courses to be eligible. Students with excessive absences are not eligible for pre-arranged absences. The attendance policy should be reviewed before making plans to miss school for any reason. Forms need to be in the office at least one week prior to the absence(s).</p> <p>Note: A pre-arranged absence is not an automatic excused absence. Absences are defined as "days or part of days".</p>	<p>Student illness Serious illness or death in family Court hearing which the student is required to attend</p> <p>Natural disasters or weather that jeopardized travel Medical and/or dental treatment</p> <p>Excused absences are not viewed as days a student is entitled to take.</p>	<p>Family vacations Missing the bus Appointments, other than medical/dental, that could be scheduled before or after school Shopping trips</p> <p>Failure to get up in the morning Babysitting siblings Absences for which no reason is provided</p> <p>Students will be expected to make up excessive absences.</p>

- This form must be turned in **and arranged before the absence for it to be considered for approval.**
- If the student has excessive absences/tardies, he/she will be required to make up the hours.
- **Pre arranged absences count against exemptions.**

Office Use Only:	
Principal Signature: _____	<input type="checkbox"/> Excused <input type="checkbox"/> Unexcused
Absences to date: _____	Excused: _____ Unexcused: _____ Tardies: _____
Saturday School Date(s): _____	<input type="checkbox"/> After School <input type="checkbox"/> Before school
Pre-Arranged Alternative Activities (Elem): _____	