



## Exceptional Circumstance Absence Request

Date of Request: \_\_\_\_\_ Student Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Reason for Request:

Total Number of Days Requested for Absence: \_\_\_\_\_

**Note: Principal can approve no more than five days for exceptional circumstance. Over five days must be approved by the Office of Student Leadership.**

Dates of Absence(s): \_\_\_\_\_

If applicable: Siblings (in other schools) who are making an exceptional circumstance request:

Sibling Name(s)	School	Grade
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\_\_\_\_\_  
Parent Name

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

For Office Use Only:

Absences Year to Date \_\_\_\_\_

Excused

Unexcused

Principal's Signature: \_\_\_\_\_

Date forwarded to Office of Student Leadership (if over five days): \_\_\_\_\_