

Longview Elementary School

Absence Approval Form Non-Medical

Student: _____

Parent Signature: _____

Date(s) Requested: _____

Date Submitted: _____

This form is only for the date(s) requested. Student must be in school the day before and the day after.
Any absences beyond the approved date(s) will be unexcused.

- ___ Court
- ___ Out of Town** _____
- ___ Funeral
- ___ Religious***
- ___ Other _____

Teacher Name:	Initial Approved:	Initial Unapproved:	Current Grade Avg:
1.			
2.			
3.			

Principal Approval: _____

Date: _____

Principal Explanation for Denied Request: _____

**Students are allowed requests of up to 5 days for out of town trips during the school year. All requests exceeding 5 days for the year will be denied.
 ***Documentation may be requested.

Office Use Only:								
Excused Absences:			Medical Excused:			Date:		Initial:
Unexcused Absences:			Early Dismissals:			Received:		
Excused Tardies:			Prior Excused			Copies Made:		
Unexcused Tardies:			Out-of-town			Entered:		