Chapman's Retreat 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: |
| Unexcused Absences: | Early Dismissals: | Initial: |
| Excused Tardies: | Prior Excused | |
| Unexcused Tardies: | Out-of-town | |

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***Documentation may be requested.