

**Las Virgenes Unified School District Request for Pre-approval of Absence**

Advance written request by the parent/guardian and approval of the principal or designee shall be required for absences for: (Education Code 48205) 1. appearance in court, 2. attendance at a funeral service for a non-immediate family member, 3. observation of a holiday or ceremony of his/her religion, 4. attendance at religious retreats for no more than four hours during a semester, 5. employment interview or conference, 6. a pupil, as the custodial parent of a child, when the child is ill or has a medical appointment during school hours, (Education Code 48205) 7. family necessity of less than 5 school days provided the pupil makes up all work missed during the absence,

**Student name** \_\_\_\_\_ **ID#** \_\_\_\_\_

**Proposed Dates for Absence: From** \_\_\_\_\_ **through** \_\_\_\_\_ **Total days absence** \_\_\_\_\_

(If the absence will be 5 days or more please fill out an Independent Study Contract)

**Reasons for absence (please be specific)**

**Reasons why absence cannot be taken during non-school hours**

**Agreement**

I understand that absence from the classroom may have a negative impact on a student’s progress for that class, since it is impossible to “make-up” class discussions, lectures, audio-visual presentations, laboratory demonstrations, guest speakers, and other one-time-only events in the educational process.

**Student:** I agree to complete all work provided to me by my teachers for the period of my absence to the best of my ability. I understand that I may have additional work to complete upon my return to school. I will complete this work and turn it in to my teachers within the agreed upon time frame. I am aware that failure to do so may result in academic regression.

**Parent:** I agree to minimize the detrimental effect of absence by having my child complete assignments given to him/her by his/her teacher. I am aware that failure to do so may result in academic regression. I realize my child may have additional work to complete upon his/her return to school.

Student’s signature \_\_\_\_\_ Parent’s signature \_\_\_\_\_ Date: \_\_\_\_\_

Best contact phone number \_\_\_\_\_ email address \_\_\_\_\_

Teacher acknowledgement

- A° \_\_\_\_\_
- 1° \_\_\_\_\_
- 2° \_\_\_\_\_
- 3° \_\_\_\_\_
- 4° \_\_\_\_\_
- 5° \_\_\_\_\_
- 6° \_\_\_\_\_
- B° \_\_\_\_\_

<b>Office use: Request for pre-approval of absence due to Additional Justifiable Personal Reasons:</b>	
<b>Absence approved</b>	<b>Absence not approved (circle one)</b>
<b>Vice Principal’s signature</b> _____	<b>Date:</b> _____