

## **Pre-Approved Occurrence Request**

Student:	Grade:leacner:
Please submit seven (7) days in advance of the fi Please be advised that pre-approved occurrence allotment. Student's are only allotted (12) occur be counted as (1) occurrence: tardies, early release occurrences would require a medical note to be	ction of the request and submit it to the Attendance Secretary. rst day of the occurrence. counts are counted within the district's yearly (12) occurrence rences per school year. All of the following types of absences will ases, full days and/or partial days. Any day after the (12) allotted excused. Medically excused occurrences do not go towards a r. Please refer to the district's "Attendance Code of Conduct" for
Parent's Section:	<del></del>
Occurrence to begin on (date):	
Student will return on (date):	
Number of occurrences to be used:	
Homework requested for occurrence (if poss	sible) Yes No
I understand that my child is responsible for	completing the school work when he/she returns to school
Parent Signature	Date
Parent Email:	
Secretary's Section:	
# of Occurrences at time of request:	Date Calculated:
Please attach the student's full attendance for	or principal review.
Principal's Section:	
Approved (excused) (Dependent on a	attendance on the start date of the occurrence)
Not Principal approved (unexcused)	
If approved, it is the responsibility of the par	rent/student to request make-up work with each teacher.
Principal's Signature	 Date: