



East Bay L.E.A.D.S the Way
Leadership.Equity.Accountability.Discovery.Service

Beth Mosley
Principal

Emily Franks
Assistant Principal

REQUEST FOR PRE-APPROVED ABSENCE

Date: _____

Student Name: _____ Teacher: _____

Date of Requested Absence: _____

Reason for Absence:

Policies & Procedures for a Pre-Approved Absence

1. The Pre-Approved Absence Request form must be completed, signed, dated, and submitted to administration at least **5 days prior to the date of the absence** (except in the case of emergencies).
2. The request must be approved by an administrator or designee.
3. If the request is approved, the teacher will provide assignments for the student.
4. The assignments must be completed during the absence and returned to the teacher on the day the student returns to school. Any assignments that are not completed will be graded as a zero.
5. Late assignments will not be accepted by the teacher.
6. Pre-Approved Absences will be **processed no sooner than two** weeks prior to the requested dates of absence.**

I, _____, have read and understand all condition stated above.
(Name – please print)

Parent/Guardian Signature: _____

Date: _____ Parent Email: _____

Administration Approval: _____ Date: _____

** Reminder: Students may only have up to 9 Parent Excused/Pre-Arranged absences in a school year before a doctor's note will be required.