THOMAS L. SIMS MIDDLE SCHOOL

REQUEST FOR PRE-APPROVED ABSENCE

Date: _____

Student Name: _____ Teacher: _____

Date(s) of Requested Absence: _____

Reason for Absence:

_____
_____
_____
_____

Policies and Procedures for a Pre-Approved Absence:

1. The Pre-Approved Absence Request form must be completed, signed, dated, and submitted to attendance clerk 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.
3. Students will be granted no more than five (5) Pre-Approved Absence Days for the school year.
4. Pre-Approved Absences may not be granted if the requested time-period includes a F.A.S.T. or E.O.C. testing day.
5. If a student is currently on a Truancy Monitoring Plan (TMP) a Pre-Approved Absence may not be granted.
6. If the request is approved, the student is responsible for obtaining missed assignments prior to the absence.
7. Unless indicated by the teacher assignments must be completed during the absence and returned to the teacher on the day the student returns to school. Any assignments not completed will be graded as a "0". The student may be required to take preannounced tests on the day of return.
8. Late assignments will not be accepted by the teacher.

I, _____, have read and understand all conditions stated above.
(Printed Name)

Parent/Guardian Signature: _____

Date: _____ Parent Email: _____

Administration Approval: _____ Date: _____