

**VALID EDUCATIONAL OPPORTUNITY
REQUEST FOR ABSENCE**

STUDENT NAME _____ GRADE _____

PARENT/GUARDIAN NAME _____

PHONE _____ E-MAIL _____

DATE(S) OF ABSENCE REQUESTED _____

Are these dates immediately before/during semester exams or state tests ____yes____no

Reason for absence (purpose and place if trip) _____

Why do you consider this absence a valid educational opportunity? _____

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

Total absences to date _____

Approved ____yes ____no

SIGNATURE OF ADMINISTRATOR _____

DATE _____

NOTE: If approval is granted, absences will count in the total number of absences allowed for course and in the total allowed for exemption (if applicable). See page 17 of LCSD Handbook.