CHESAPEAKE SCIENCE POINT
PUBLIC CHARTER SCHOOL

PRE-APPROVED NOTIFICATION OF EXTENDED ABSENCE

I, _____, the parent/guardian of _____ is requesting for official recognition of absence so that the student will not be recorded as truant. If teachers agree, the student may arrange, at their convenience, to complete the work they will miss during this absence.

Proposed dates of absence:

From: _____ to _____.

Reason for absence: _____.

Please understand that, although make-up work may be permitted, this absence will be counted as official days absent for the school year. Further understand that the student is subject, as are all students, to school rules regarding maximum number of days absent and passing courses. A passing grade cannot be awarded if absences for the semester are excessive according to Board of Education Policy. **Understand that some grades for class participation cannot be made up and these absences may affect the student's grade.**

To the student:

1. Sign and date this form.
2. Have teachers complete the required information.
3. Take the form home for parent/guardian signature.
4. Return this form to the Main Office with a written note from parent/guardian attached.

_____ Parent/Guardian Signature/Date

_____ Student's Signature/Date

_____ Administrator's Signature/Date

Subject	Present grade average (to be entered by teacher)	Total number of days absent this semester (as of date of this request)	Teacher's Signature