

Hempfield School District
200 Church Street, Landisville, PA 17538

For Office Use Only
Date Received: _____
Date Approved/Denied: _____

Request for Pre-Approved Absence

To Parents: Prior to your child's absence, you should read, complete, and sign this form. The signed form should be handed in at the school office at least **one week prior** to the planned date of absence. The principal will then approve/deny the request. Should your plans change regarding this absence, please contact your child's school office and inform them of the change.

Student's Name: _____ Student #: _____ Grade: _____

Date of Absence(s) _____ to _____ Total Days Absent: _____

Reason for Absence:

It is understood that the student is responsible for the work (including quizzes, tests, projects) given during the absence. After returning to school, all assignments/tests must be completed and returned to the teacher(s).

At the discretion of the principal, students may be lawfully excused for educational trips. Student grades and attendance record will be considered when approving the request. Any days that are not excused will be considered unlawful in accordance with state law.

I/We have read the above conditions and agree to the terms stated above and will inform the school promptly, should our plans change.

Student signature: (Secondary Students Only) *Parent/Guardian Signature*

_____ Absence is approved and will be considered excused

_____ Absence is NOT approved and will be considered unexcused

Reason for Denial (if applicable): _____

Principal Signature

Teacher Initials

Comments/Concerns:

Please return to school office when complete