

Lynden School District
School Absence Request Form

Please return this completed form to the Attendance Office at least three (3) school days prior to your absences.

It is the policy of the Lynden School District that a student's academic grade or credit in a particular subject or course may be adversely affected by reason of tardiness or absences to the extent that; (a) the student's attendance and/or participation is related to the instructional objective or goals of the particular subject or course and (b) the student's attendance and/or participation has been identified by the teacher as a basis for grading, in whole or in part, in the particular subject or course (WAC 392-400-233). Student grades are also affected by the loss of learning caused by an absence even if not by the absence directly. Reading the material and completing work independently does not compensate for the loss of insight gained during class discussion or the loss of competency acquired through explanation.

Excused absences are defined as noted below.

- Participation in school-approved activity (in-school events, field trips, etc.)
- Illness, health condition, family emergency, or religious purposes.
- Court required appearance.
- Extended illness or health condition.

By completing this form for reasons like family vacation, etc., we understand that we are requesting for the attendance policy to be waived.

Student Name: _____ Grade: _____

Reason/Purpose for missing school: _____

Dates of school absences (leaving and returning): _____

Note: Chronic absenteeism is defined as missing 10% or more of a school year—for any reason—excused, unexcused absences and suspension—approximately 18 days a year, or just two days every month. Following this absence, your student will have a total of _____ absences this school year. As a parent or guardian, I realize that absences from school involve missing educational experiences cannot necessarily be made up and may, therefore, cause the student to receive a lower grade. I assume the responsibility for absences from school and I also understand it is the student's responsibility to gather make-up work, and that this will require effort outside of class time. Please sign below after you have reviewed the information attached to this form.

Parent Signature & Date

Student Signature

- | | |
|--|--|
| <ul style="list-style-type: none">○ Permission granted○ Permission not granted for the following reason(s):<ul style="list-style-type: none">○ _____○ Student has a history of struggling in classes and earning credit while being gone for an extended period of time will be extremely difficult.○ Student is earning less than a "C" grade in one or more classes. (Secondary students) | <p>Internal Office Use Only</p> |
|--|--|

Principal or Designee Signature

Date

Teachers are to complete the following information. *The purpose of this form is to inform the parent/guardian of the student's current academic status and to make clear the expectations and impact the choice to miss class involves before the parent decides to act upon the request.*

Period/Course/Subject	Work to be completed	Current Grade
1	Teacher Signature/Initials _____ Practical Plan ____ Impractical Plan	
2	Teacher Signature/Initials _____ Practical Plan ____ Impractical Plan	
3	Teacher Signature/Initials _____ Practical Plan ____ Impractical Plan	
4	Teacher Signature/Initials _____ Practical Plan ____ Impractical Plan	
5	Teacher Signature/Initials _____ Practical Plan ____ Impractical Plan	
6	Teacher Signature/Initials _____ Practical Plan ____ Impractical Plan	
7	Teacher Signature/Initials _____ Practical Plan ____ Impractical Plan	
8	Teacher Signature/Initials _____ Practical Plan ____ Impractical Plan	