ONEIDA NATION SCHOOL STYSTEM PREAPPROVED ABSENCE FORM

Student Name: _____Purpose of Request: _____

Dates requested for absence: _____ Grade: _____

Total number of days student will be absent: _____

Subject	Are all assignments currently completed?	Does student have passing grades?	Teacher's Signature
Math	Yes No	Yes No	
Reading	Yes No	Yes No	
Science	Yes No	Yes No	
Lang. Arts	Yes No	Yes No	
Social Studies	Yes No	Yes No	
	Yes No	Yes No	
	Yes No	Yes No	
	Yes No	Yes No	
	Yes No	Yes No	

_____ Please check here, if the home-room teacher does not recommend that the student should miss any additional school days due to lack of satisfactory academic progress or attendance.

_____ Student has missed 10 or more days of school, and this absence is not recommended. Further absences may lead to truancy referral. Please refer to student handbook section on absences.

This form must be submitted to the office at least one week prior to the planned absence in order for the absence to be considered. If not turned in by this time, the absence may be considered un-excused. If the student's absence extends beyond the dates pre-approved, the students additional absences will be unexcused unless the building Principal has been contacted to extend the absence.

_____ _____ _____ _____

Parent's Signature **Date** **Student's Signature** **Date**

_____ _____ _____ _____

Teacher's Signature **Date** **Principal's Signature** **Date**

Office use only

_____ ***Number of student absences to date*** _____ ***Number of days tardy to date***

Date submitted: _____ _____ ***Copy was mailed to parent***