

Justifiable Absence Request

(PGUSD BP/AR 5113 and PGUSD BP/AR 6154)

If you would like the Administration of Pacific Grove Middle School to consider approving an absence which is not permitted by the above referenced Board Policy, please fill in this form and return it to the Attendance Office **at least two weeks prior to the date(s) of the requested absence.**

Student Name: _____ Grade: _____

Date(s) of requested absence: _____

Please explain why this activity cannot take place during non-school days.

Is there an educational value of this activity? Please explain.

Parent Name – PLEASE PRINT

Parent Phone Number

List Your Classes & Teachers

Teacher Selected Option

	<i>(to be filled in by each teacher)</i>
Period 1: _____	_____
Period 2: _____	_____
Period 3: _____	_____
Period 4: _____	_____
Period 5: _____	_____
Period 6: _____	_____
Period 7: _____	_____
Period 8: _____	_____

For Office Use Only:

Date Received: _____

Number of absences to date: _____ Excused: _____ Unexcused: _____ Family _____

Administrative Decision:

This absence qualifies and work may be made up for full credit _____

This absence does not qualify and teachers are not required to assign work or give credit for missed work. _____