

Students

E 5113(a)

**Skagway City School
Planned Absence Form**

Student Name _____ Grade _____

Date Initiating Form _____ Planned dates and reason for student absence:

I, parent or guardian of the above named student, hereby notifies the Skagway City School District of the planned absence documented above. I understand that the Skagway City School Board Policy states that my son/daughter's absence may be excused if the following conditions are met:

1. IF ANY GRADES ARE BELOW GRADE LEVEL OR A "C" OR BELOW, the parents are required to meet with the teacher and principal to discuss the work expected. Office prints a grade report when this request is submitted.

Office Signature	Date
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2. This absence will not result in total semester absences in excess of 15 days unless an Attendance Waiver is approved.

Office Signature	Date
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3. My son/daughter complies with the make up work policy which states that he/she has five school days from the day he/she returns to school to complete MISSED ASSIGNMENTS. If the planned absence is five days or less, the student has a day for each day absent to complete MISSED ASSIGNMENTS. **If any assignments are not turned in at the end of five days, an automatic zero will be entered into the grade book.**

4. That this form is turned into the office three (3) days prior to a planned absence of one, two or three days and five (5) days for a planned absence of more than three days but less than a week (5 days). FOR A PLANNED ABSENCE OF ONE WEEK (5 days) OR MORE, THIS FORM IS TURNED INTO THE OFFICE TWO WEEKS IN ADVANCE.

Parent/Guardian Signature	Date
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Administrator Signature	Date
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OFFICE: Please make a copy and retain the original on file. Give a copy to the student.

Students

E 5113(c)

**Skagway City School
Attendance Waiver Request**

Student Name _____

Grade _____

Planned dates for student absence _____

Reason for student absence _____

GPA _____

Have assignments been discussed between teacher and student/parent?

____ Yes ____ No

Comment(s): _____

Parent/Guardian Signature _____

_____ Date

**Attendance Waiver Request
(Absences in excess of 15 days up to 20 days in one semester)**

Approved by Superintendent _____

_____ Date

**Attendance Waiver Request
(Absences in excess of 20 days in one semester)**

____ Approved or ____ Disapproved for ____ Semester, _____
at the Skagway City School Board's _____ meeting

Board Comment(s): _____
