

# Attendance Excusal and Validation Form

<b>Student First Name:</b>	<b>Student Last Name:</b>
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**Valid Reasons for Absence:** Personal illness, Hospitalization/Medical emergency, Participation in a legal proceeding, Death in the Family, Medical/Dental appointments, EHHS sponsored activities, Film shoots/auditions (not sponsored by EHHS), Family Activity / Travel, Other emergencies.

**Eight (8) or more excused absences within the school year** are considered excessive.

Medical notes may be requested.

Date of Absence (list each date separately)	Periods Absent (please circle)	Reason for Absence (vacation)	For Office Use (E, X, T, etc)
	1 2 3		
	1 2 3		
	1 2 3		
	1 2 3		
	1 2 3		

By signing, the parent or guardian attests to the following:

- 1) **I am the parent/guardian** of the student listed on this form (forgery by students will result in off-campus suspension).
- 2) Under penalty of perjury, the **information provided herein is accurate.**
- 3) I understand that, by law, **it is a parent/guardian's responsibility to have** their school-age **children attend school.**
- 4) I understand that, even for valid reasons, **absences can negatively impact student learning and grades.**
- 5) I understand that my **student may not be able to make up school work** for absences that were foreseeable, but for which the teachers were not notified in writing by the student or parent at least two (2) days in advance.
- 6) I understand that my **student has only two (2) days to complete any makeup work for full credit** for each day of absence unless arranged otherwise with individual instructors.
- 7) **I have read and understand the EHHS Attendance and Truancy Policy.**

<b>Parent Signature</b>	<b>Date of Signature</b>
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