



For Office Only:  
Excused \_\_\_\_\_  
Unexcused \_\_\_\_\_

Date \_\_\_\_\_

### REQUEST FOR ABSENCE TO BE EXCUSED

As the parent or guardian of (Student's Name) \_\_\_\_\_, I state that the absence from school for the dates of \_\_\_\_\_ date(s) are excused based on the following occurrences (Please provide ALL necessary documentation):

- Illness or other bona fide medical cause experienced by the student;
- Exclusion, by direction of the authorities of the District of Columbia, due to quarantine, contagious disease, infection, infestation, or other condition requiring separation from other students for medical or health reasons;
- Death in the student's family;
- Necessity for a student to attend judiciary or administrative proceedings as a party to the action or under subpoena;
- Observance of a religious holiday;
- Lawful suspension or exclusion from school by school authorities;
- Temporary closing of facilities or suspension of classes due to severe weather, official activities, holidays, malfunctioning equipment, unsafe or unsanitary conditions, or other condition(s) or emergency requiring a school closing or suspension of classes;
- Volunteer work approved by the school and provided further that any excused absences shall not adversely impact the student's academic performance or timely promotion;
- Failure of the District of Columbia to provide transportation in cases where the District of Columbia has a legal responsibility for the transportation of the student;
- Medical or dental appointments for the student;
- Absences to allow students of military to visit with their parent or legal guardian immediately before, during, and after deployment, as appropriate;
- An emergency; or
- Other:

Please Describe:

\_\_\_\_\_  
\_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Phone Number and Email \_\_\_\_\_

Parent Signature \_\_\_\_\_

School Official Signature

Date