

**REQUEST FOR EXCUSED ABSENCE DUE TO HIGHLY EXTENUATING CIRCUMSTANCES
OR
FOR PARTICIPATION IN NON-SCHOOL SPONSORED STATE OR NATIONAL COMPETITION**

Please complete this form and submit it to your child's building principal at least two days prior to the absence. If an emergency prevents you from submitting this form prior to the absence, please submit the completed form within two days following your child's return to school. If you have children in more than one school, **please complete a form for each school involved.**

Parent/Guardian: _____ Date: _____

Address: _____

Home Phone: _____ Work Phone: _____

Student: _____ Grade: _____

Student: _____ Grade: _____

Student: _____ Grade: _____

Do you have children attending any other BCSC school who are requesting to be absent for the reason stated:

_____ Yes _____ No

If your answer is "yes" please complete the following:

Student: _____ Grade: _____ School: _____

Student: _____ Grade: _____ School: _____

Student: _____ Grade: _____ School: _____

Date(s) of requested absence: _____

Number of School Days Involved: _____

If the requested absence is for participation in a non-school sponsored state or national competition, please complete the following:

Nature of Event/Activity: _____

Name of Sponsoring Organization: _____

Name of Local Contact Person: _____ Phone: _____

Competition Level (Check One): State _____ National _____ Other _____

What activity did your child participate in to date that qualified him/her to compete in the event indicated above?

Describe the circumstances giving rise to the request for an excused absence:

If applicable, describe any educational objectives or activities you have planned for your child during the period of the requested absence: _____

Have you previously applied and received approval for an excused absence due to highly extenuating circumstances?

_____ Yes _____ No

If your answer is "yes" please complete the following:

School Year: _____ Circumstances: _____

School Year: _____ Circumstances: _____

School Year: _____ Circumstances: _____

School Year: _____ Circumstances: _____

Please use the following space to provide any additional information deemed relevant in support of your request for an excused absence:

Signature of Parent/Guardian: _____

For School Use Only. (Completed form to be placed in student's cumulative record.)

Approved	_____	_____
		<i>Signature of School Official</i>
Denied	_____	_____
		<i>School</i>

		<i>Date</i>

Exhibit 5-5-7-1
5/2006