

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: _____ Teacher: _____

Student: _____ Grade: _____ Teacher: _____

Student: _____ Grade: _____ Teacher: _____

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

____ Yes ____ No (If you answered "yes" please complete the following...)

Student: _____ Grade: _____ School: _____

Student: _____ Grade: _____ School: _____

Student: _____ Grade: _____ School: _____

Number of School Days Involved: _____ Date(s) of requested absence: _____

If the absence is for participation in a non-school sponsored state or national competition 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 children 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 absence:

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

____ Yes ____ No (If you answered "yes" please complete the following...)

School Year: _____ Circumstances: _____

School Year: _____ Circumstances: _____

School Year: _____ Circumstances: _____

Please use the following spaces to provide any additional information deemed relevant in support of your request for an

excused absence: _____

Signature of Parent(s)/Guardian(s): _____

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

____ Approved _____

Signature of School Official

School Name

____ Denied _____

Date

Bartholomew Consolidated School Corporation
Columbus, Indiana Exhibit 5-5-7-1 (3/2008)