ASHEVILLE CITY SCHOOLS
REQUEST FOR ABSENCE WAIVER 2017-2018

To have absences considered for waiver by the Asheville City Schools Attendance Committee, you and your parent/guardian must complete the following information.

1. Turn in all absence documentation (Doctor's notes, obituaries, court documents, etc…) to the main office
2. Complete the form below.
3. Make sure your parent/guardian has signed the **Consent for Release of Information** on the back of this form **if this is a request due to health issues**.
4. Check the category of your absence(s) and complete dates and absence information.
5. Return this completed form to your counselor in the counseling office, who will present the request for waiver to the attendance committee**.**
6. Attendance Waiver Requests without documentation will not be considered.

Student Name: _____

Student Number: _____

Grade: _____

Date of Request: _____

I AM REQUESTING THE ABSENCES LISTED BELOW BE WAIVED FOR THE FOLLOWING DOCUMENTED REASONS:

_____ **Chronic Illness:** Examples include asthma, diabetes, debilitating migraine headaches, and cancer treatments. You must provide a doctor's note that includes an explanation of the chronic illness, & specific days missed from school due to the chronic illness. ****Students with ongoing chronic health issues must provide doctor documentation AT THE BEGINNING OF EVERY SCHOOL YEAR.**

_____ **Acute Illness:** Examples include emergency illnesses requiring hospitalization and/or surgery. Doctor and/or hospital documentation must be provided.

_____ **Death in Immediate Family:** Up to 3 days will be waived. Student should provide a copy of the obituary or service program.

_____ **Court Appearances:** Days a student is subpoenaed as a witness may be waived. Court appearances for involvement in criminal activity will not be waived. Ask court officials for a letter verifying the date you were subpoenaed to attend court.

_____ **Religious Holidays:** Please bring a note from parents or religious official regarding religious holidays.

_____ **Other:** Other absences will be considered by the Attendance Committee for compelling reasons on a case by case basis. Parents/guardians should provide all available documentation.

Dates requested for waiver: List dates and circle periods missed. If more room is needed please use the white space to the side.

DATES

Date of Absence	Period				All day	Status	
_____	1st	2nd	3rd	4th	[ ] all day	( ) Approved	( ) Denied
_____	1st	2nd	3rd	4th	[ ] all day	( ) Approved	( ) Denied
_____	1st	2nd	3rd	4th	[ ] all day	( ) Approved	( ) Denied
_____	1st	2nd	3rd	4th	[ ] all day	( ) Approved	( ) Denied
_____	1st	2nd	3rd	4th	[ ] all day	( ) Approved	( ) Denied
_____	1st	2nd	3rd	4th	[ ] all day	( ) Approved	( ) Denied
_____	1st	2nd	3rd	4th	[ ] all day	( ) Approved	( ) Denied
_____	1st	2nd	3rd	4th	[ ] all day	( ) Approved	( ) Denied

Student Signature: _____

Parent/Guardian Signature: _____

ATTENDANCE COMMITTEE NOTES:

_____

_____

Date of Review: _____

Attendance Committee Representative: _____

Rev. 8/14/17