



**Pleasanton Unified School District
REQUEST FOR PRE-APPROVAL OF ABSENCE**

For pre-planned absences of **one to four days**, to ensure that your absence or excuse is not counted towards truancy, advance written request by the parent/guardian and approval of the principal or designee is requested for the following justifiable personal reasons, including, but not limited to: (Ed. Code 48205 - a7)

- Appearance in court
- Attendance at a funeral service for a non-immediate family member
- Attendance at religious retreats
- Employment interview or conference
- Family necessity of less than 5 school days provided the pupil makes up all the work missed during the absence
- College visit (Post secondary options)
- Other pre-approved justifiable reason (non-vacation). _____

Student Name _____ ID# _____

Proposed dates for absence: From: _____ through _____ Total school days _____

Note: If the absence will be **5 or more days**, please fill out an Independent Study Contract available in the attendance office (PUSD Reg. 5105).

Agreement

Student: I understand that the absence from the classroom may have a negative impact on a student’s progress for that class, since it is impossible to “make-up” class discussions, lectures, audio-visual presentations, laboratory demonstrations, guest speakers, and other one-time events in the educational process. I understand that I may have additional work to complete upon my return to school. I will complete this work and turn it in to my teachers within the agreed upon time frame. I am aware that failure to do so may result in academic regression.

Parent: I agree to minimize the detrimental effect of the absence by having my child complete assignments given to him/her by his/her teacher. I am aware that failure to do so may result in academic regression. I realize my child may have additional work to complete upon his/her return to school.

Student Signature: _____ Parent Signature: _____

For Office Use Only

Absence: (circle one) Approved Not Approved

Principal or Vice-Principal Signature: _____ Date: _____