

The Attendance Policy established by the Davidson County Board of Education states that a student must have no more than eight (8) absences per course (High School) or sixteen days (16) absences (Middle School and Elementary School).

A student may apply to the principal for a waiver for lawful absences due to extenuating circumstances. The principal/designee will review waiver requests on a monthly basis and provide immediate written notification to the parent of the decision.

Student Name _____ Date _____

Student Number _____ Grade _____ Date(s) of Absence(s) _____

Check the appropriate criteria for the waiver request:

- _____ 1. **Hospitalization/Extended Illness** (*Documentation showing dates of hospitalization/illness and a doctor's signature on the document is required.*)
- _____ 2. **Court Subpoena** (*Student must be subpoenaed as a witness or victim. Days to attend as a defendant are not waivable. Attach a copy of the subpoena.*)
- _____ 3. **Celebration of an established religious holiday not incorporated into the school calendar** (*Prior approval from the principal is required.*)
- _____ 4. **Death in the immediate family** (*May not exceed three days. Immediate family is considered to be parent(s), grandparents(s), and siblings. Obituary or program of service is required as documentation.*)
- _____ 5. **College / Military Days** (*May not exceed 2 days each year during a student's junior and senior year. Documentation containing the student's name and date of attendance from the college or military branch is required.*)

It is important to note that a lawful absence is not necessarily a waived absence. **Students must complete a waiver request to be considered for a waiver.** All absences are included in the eight-day/sixteen day limit unless formally waived.

I attest that the information provided is accurate and factual.

Student Signature _____ Date _____

Parent Signature _____ Date _____

FOR OFFICE USE ONLY Date received by Data Manager _____

Approved Date(s) _____

Denied - Does not meet the requirements for a waiver

Requires more information or documentation Date Returned _____

Authorized Signature _____ Date _____

If the waiver request is denied at the school level, the parent and student may appeal to a district committee within **three (3) days** of receiving this notification of denial. *Forms for a district appeal are available at each DCS location. District appeal requests must be received prior to any of the following dates to be considered by the committee.*

1st Semester: October 25, November 29, January 8

2nd Semester: March 29, May 2, May 30