

ELKIN HIGH SCHOOL
ABSENCE WAIVER REQUEST FORM
(Must be completed by Parent and Student)

Student Name _____ Grade _____ Date _____

My student has been absent from school or from select classes for more than the allowed 3 days per nine weeks grading period to receive course credit. I am requesting a waiver of the attendance requirement. The dates of the absences are:

The reasons for the excessive absences are:

Please check as appropriate:

The school has all notes received from the doctors.

Doctors notes or other supporting documentation is attached.

(Parent Signature)

(Student Signature)

Reference Elkin City Schools Board Policy 4400 Attendance

ELKIN HIGH SCHOOL
ABSENCE WAIVER VERIFICATION FORM
(Must be completed by Teacher)

Student Name _____ Grade _____ Date _____

The Absence Waiver Verification Form is to be filled out by the classroom teacher and turned in with the Absence Waiver Request Form signed by a parent.

1st Period Number of Absences _____ Average _____

yes/no The student has made up all assignments and tests missed during his/her absences.
yes/no The student has attended SMART breakfast sessions or tutoring as requested/needed.

Teacher Signature _____

2nd Period Number of Absences _____ Average _____

yes/no The student has made up all assignments and tests missed during his/her absences.
yes/no The student has attended SMART breakfast sessions or tutoring as requested/needed.

Teacher Signature _____

3rd Period Number of Absences _____ Average _____

yes/no The student has made up all assignments and tests missed during his/her absences.
yes/no The student has attended SMART breakfast sessions or tutoring as requested/needed.

Teacher Signature _____

4th Period Number of Absences _____ Average _____

yes/no The student has made up all assignments and tests missed during his/her absences.
yes/no The student has attended SMART breakfast sessions or tutoring as requested/needed.

Teacher Signature _____