

EHHS Absence Excusal & Validation Form

A parent/guardian must fill out an Absence Excusal/Validation for all valid student absences (even if beyond the number excused by EHHS). The Absence Excusal/Validation Form is the only way to have absences excused or documented as valid (phone calls, notes on other paper, etc will not be accepted). This form must be received within five (5) days of an absence to have absences excused – late forms will result in the absence being counted as valid, but unexcused. All absences without a valid reason documented on an Absence Excusal/Validation Form will be considered truanancies.

Student Last Name:		Student First Name:	
Date of Absence (list each date separately)	Periods Absent (please circle)	Reason for Absence (illness, vacation, dr. appt., etc)	For Office Use (E, X, T, etc)
	1 2 3 4 5		
	1 2 3 4 5		
	1 2 3 4 5		
	1 2 3 4 5		
	1 2 3 4 5		

By signing, the parent or guardian attests to the following:

- 1) **I am the parent/guardian** of the student listed on this form (forgery by students will result in off-campus suspension).
- 2) Under penalty of perjury, the **information provided herein is accurate.**
- 3) I understand that, by law, **it is a parent/guardian’s responsibility to have their school-age children attend school.**
- 4) I understand that, even for valid reasons, **absences can negatively impact student learning and grades.**
- 5) I understand that **EHHS will only excuse four (4) absences in any class in any term** (some exceptions are made for long-term illnesses and family vacations – see EHHS Attendance and Truancy Policy).
- 6) I understand that absences beyond four (4) in a class still need to be validated through this form (even though they will not be excused) or they will be considered truanancies.
- 7) **Absences beyond four (4) in a class will result in the student needing to make-up the absence during Attendance School Sessions – which are typically on Saturdays and cost \$2 per hour – in order to receive course credit.**
- 8) I understand that my **student may not be able to make up school work** for absences that were foreseeable, but for which the teachers were not notified in writing by the student or parent at least two (2) days in advance.
- 9) I understand that my **student has only two (2) days to complete any makeup work for full credit** for each day of absence unless arranged otherwise with individual instructors.
- 10) **I have read and understand the EHHS Attendance and Truancy Policy.**

Parent Signature

Date of Signature