



# LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

SCHOOL'S LETTERHEAD

ATTACHMENT F

## ADMINISTRATOR APPROVAL OF STUDENT ABSENCE

When a student's absence has been requested, in writing, by the parent/legal guardian and approved by the administrator, it may be considered "Justifiable Personal Reasons" and assigned Reason Code #5. Please provide documentation to support this request.

I, \_\_\_\_\_ parent/legal guardian of \_\_\_\_\_  
D.O.B. \_\_\_\_\_ am requesting Administrator Approval for my son/daughter who will be absent from school for a total of \_\_\_\_\_ hours \_\_\_\_\_ day(s), from (dd/mm/yy) \_\_\_\_\_ to \_\_\_\_\_.

Reason for request:

- Appearance in court
- Attendance at a funeral service (extended days)
- Attendance at an educational conference offered by non-profit organization (legislative/judicial)
- Attendance at an employment conference
- Attendance at a religious retreat (shall not exceed 4 hours per semester)
- Entertainment industry (no more than 5 consecutive days or a maximum of 5 absences per school year)
- Immediate family member on active military duty deploying to combat zone (maximum 3 days bonding time)
- Medical exclusion or exemption
- Member of a precinct board for an election
- Observance of religious or cultural holiday, ceremony, or secular historical remembrance
- Religious instruction (attend a minimum school day no more than 4 days per school month)
- Revoked suspension through appeals procedure
- Participation in not-for-profit performing arts organization (maximum 5 per school year)
- Pre-arranged mental health services (Mental Health Day Treatment)
- "Take Your Child to Work Day"
- Other (please specify): \_\_\_\_\_

Additional details/explanation (Please attach any supporting documentation):  
\_\_\_\_\_  
\_\_\_\_\_

I understand that any absence from school will result in the loss of valuable instructional time and may impact my child's learning and academic achievement.

_____ Parent/Legal Guardian Printed Name	_____ Parent/Legal Guardian Signature	_____ Date	_____ Parent/Legal Guardian Telephone
_____ Administrator Printed Name	_____ Administrator Signature	_____ Date	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

*If approved, student shall be allowed to complete all assignments and tests missed during the absence that can reasonably be provided and, upon satisfactory completion, shall receive credit equal to the credit he/she would have received on the original assignment or test.*

----- Office Use Only -----

Reason Code # 5 has been entered in MiSiS for all applicable dates/class periods.

Information entered by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Name (First, Last)