

**Pembroke Pines Charter Schools
Request for Absence Form**

Name of all Student (s) at Pembroke Pines Charter: _____

Last Name	First Name	Grade	Campus

Name of Student (s) Absent: _____

Date (s) of Absence (s): _____

Reason for Absence (s) (attach any documentation you may have): _____

Students must secure the signature of their teacher from whose class they have requested a permitted absence. Return this form to the office before the date of the permitted absence. A separate form must be completed for each student requesting an excused absence.

For reasons 1-5, parents must report the absence the day before, the day of, or within two school days following the absence, or the absence will be considered unexcused.

An absence will only be excused for the following reasons, if written request by the parent or guardian is made at least five days in advance:

1. Illness of student.
2. Illness of an immediate family member.
3. Death in the family.
4. Religious holidays of the student's own faith.
5. Required court appearance or subpoena by a law enforcement agency.
6. Special event. Examples of special events include important public functions, conferences, state/national competitions, as well as exceptional cases of family need. The student must get permission from the principal/designee at least five days ahead of time.
7. Scheduled doctor or dentist appointments
8. Students having, or suspected of having, a communicable disease or infestation which can be transmitted are to be excluded from school and are not allowed to return to school until they no longer present a health hazard (F.S. 1003.22). Examples of communicable diseases and infestations include, but are not limited to fleas, head lice, ringworm, impetigo and scabies. Students are allowed a maximum of five excused days absence for each infestation of head lice.

Students on field trips and students who attend alternative to suspension programs are not considered absent.

Parent Signature: _____ Date: _____

Teacher Acknowledgement: _____ Date: _____

Approved Denied

Assistant Principal Signature (or designee) Campus

Office Use Only:

Name of staff personnel who contacted parent: _____

Date: _____ Time: _____