GRADE 6

SEVERN RIVER MIDDLE SCHOOL
PRE-APPROVED NOTIFICATION OF ABSENCE

The parent/guardian of _____
is requesting official recognition of absence so that the student will not be recorded as truant. If the student's teachers agree, the student may arrange, at their convenience, to complete the work they will miss during their absence.

Proposed dates of absence:

From: _____ To: _____
(First day absent) (Last day absent)

Reason for absence: _____

Please note, a student is truant when he or she is unlawfully absent eight (8) or more days in a quarter; fifteen (15) days in a semester; or twenty (20) days in a school year. Students who are truant may not meet the requirements for earning credit. Please understand that, although make-up work may be permitted, extended absences are counted as official days absent for the school year. Further understand that the student is subject, as are all students, to school rules regarding maximum number of days absent and passing courses. A passing grade cannot be awarded if absences for the semester are excessive according to Board of Education policy. Understand that some grades for class participation cannot be made up and these absences may affect the student's grade.

To The Student:

1. Sign and date this form. Fill out subject info including A and B day classes.
2. Have your teachers complete the required information.
3. Take the form home for parent/guardian signature.
4. Return this form to the main office with a written absence note from parent/guardian attached.

_____ _____ _____
Parent/Guardian Signature & Date Student Signature & Date Administrator Signature & Date

Subject	Present Grade (To be entered by teacher)	Total Number of Days Absent This Quarter (As of date of request)	Teacher's Signature