



**EXTENDED ABSENCE
DISCRETIONARY ABSENCE**

Date of Request: _____ School: _____

Student's Name: _____ Grade: _____

Reason for Absence: _____

Date(s) of Absence: _____

Full Day: Part Day:

Time Departing: _____

Time Returning: _____

(Student must follow the school's normal
early dismissal and late arrival procedures.)

For absences of up to 3 days per year, the principal may determine whether the absences will be lawful/excused or unlawful/unexcused. This completed form should be submitted to the principal in advance.

For absences in excess of three days, the principal in consultation with the administrative directors will determine if the absences will be lawful/excused or unlawful/unexcused. If the request is for 15 consecutive days or more, the written request should be submitted 2 weeks in advance.

Students with unlawful absences of 15 consecutive school days or more will be withdrawn from school and may be allowed to re-enroll, provided they meet enrollment requirements, upon their return.

Students returning from lawful absences have an equal number of days to complete make-up work.

Parent/Guardian Signature: _____

Disposition: Approved: Disapproved:

Principal Signature: _____

Reference: HCPSS Policies 8010, 8020, 9010

10910 Route 108 • Ellicott City, Maryland 21042 • 410.313.6600 • www.hcpss.org

Pre-Arranged Absence Form

Student Section:

Block	Teacher Name	Subject	Missing Work	Initial*
A				
B				
C				
D				
E				
F				
G				
H				
I	Lunch	Lunch		N/A
J				

***Teacher's initials indicate knowledge of absence.**

of days used to date (for office use only) _____