ANCHORAGE SCHOOL DISTRICT

Pre-Approved Absence Request for Extenuating Circumstances

Form must be submitted at least one week prior to the absence. Complete one form for each student.

C I			
Student last name	Student rst name	MI	Teacher
Parent/Guardian last name	Parent/Guardian rst name	MI	Student grade level
Primary phone contact	Additional contact number		
A P			
 Illness, Death or serious illness in the Participating in a school funct Attendance at religious services. Extenuating circumstances approximation 	ion, ces, or		
E A R I am requesting permission for my c	hild's absence to be excused for the follo	wing extenu	uating circumstances:
Dates of absences			
FromTo			
Number of missed school days in all	osence request:		