## Linganore High School

| Doquest for Anne  | vol of on Evougod   | Abconce for Femily   | v Vacation or College Visit |
|-------------------|---------------------|----------------------|-----------------------------|
| Request for Appro | ival of all Excused | I Absence for Family | vacation of Conege visit    |

| Student Nam             | ne:                       |               | Grade:         |                                   | Directions<br>for  |
|-------------------------|---------------------------|---------------|----------------|-----------------------------------|--|
| Parent/Guardian Name:   |                           | Home phone:   |                | <u>Completing</u><br><u>Form:</u> |  |
| Street Address:         |                           | Work phone:   |                | 1. Student and                    |  |
| City:Zip Code:          |                           | Today's Date: |                | parent<br>complete the            |  |
| Date of Abse            | ences: FROM:/_            | <u> </u>      | TO:/           | **                                | shaded<br>portions of the<br>form.   |
|                         | osence (initial one):     |               |                | comment)                          | 2. Form must be<br>submitted to the<br>attendance<br>office for  |
| If the absence          | e has already occurred, w |               | not requested? |                                   | approval 3 days<br>before the<br>absence.  |
| If the absence<br>Block |                           |               |                |                                   | <ul> <li>approval 3 days before the absence.</li> <li>3. Vacation days may not surpass 5 days in a</li> </ul>  |
| Block                   | e has already occurred, w |               | not requested? |                                   | approval 3 days<br>before the<br>absence.<br>3. Vacation days<br>may not surpass   |
| Block<br>1              | e has already occurred, w |               | not requested? |                                   | <ul> <li>approval 3 days<br/>before the<br/>absence.</li> <li>3. Vacation days<br/>may not surpass<br/>5 days in a<br/>school year per<br/>FCPS. If the<br/>total number of</li> </ul> |
| Block<br>1<br>2         | e has already occurred, w |               | not requested? |                                   | <ul> <li>approval 3 days<br/>before the<br/>absence.</li> <li>3. Vacation days<br/>may not surpass<br/>5 days in a<br/>school year per<br/>FCPS. If the</li> </ul>                     |

## **Office Use Only**

<u>Attendance Office:</u> Attach attendance summary report and other absence approvals

<u>Teachers:</u> This form will be returned to parents. Please initial and make comments.

| Guidance | Counselor | Comments: |  |
|----------|-----------|-----------|--|
|          |           |           |  |

|                          | <u>Approval Status</u> |
|--------------------------|------------------------|
| Approved                 | Telephone #:           |
|                          | Date:                  |
| Denied                   | Comments:              |
| Administrator Signature: |                        |