

**Application for Emergency Absence Extension**

Students absent beyond the five (5) day limit without providing a physician's verification may apply for emergency absence extension from the Director of Pupil Personnel.

**DATE OF APPLICATION** \_\_\_\_\_

**STUDENT NAME** \_\_\_\_\_  
*First Middle Last*

**DATE(S) OF ABSENCE** \_\_\_\_\_

**REASON FOR ABSENCE(S)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) previously missed and reasons, i.e., parent note, doctor note, court, unexcused, etc.  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Parent/Guardian Signature*

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Excused

Unexcused

\_\_\_\_\_  
*DPP Signature*

\_\_\_\_\_  
*Date*