PRIOR APPROVAL EXCUSED ABSENCE REQUEST
ORINDA UNION SCHOOL DISTRICT/8 ALTARINDA ROAD, ORINDA, CA 94563
(Form for use by Parent/Guardian – Return to school office before absence)

Regular attendance plays an important role in student achievement. Parents/guardians should take all reasonable steps to promote attendance every day, all day. Parents/guardians should use this form to request prior approval for one of the personal reasons listed below. When this form is completed and given to the school office in advance of a student’s absence, it becomes a written request that a student’s absence be marked excused. Parents/guardians should also notify their student’s teacher about the planned absence at the same time that this form is submitted. Excused absences that do not need prior approval include personal illness, funeral services of an immediate family member, and medical appointments.

Reason for the Student’s Absence (Check One)

☐ Attendance at a funeral service (for other than a member of the student’s immediate family)
☐ Observing a holiday or ceremony of the student’s religion
☐ Religious retreat (limited to four hours per semester)
☐ Participation in moral or religious instruction or exercises (requires the student to attend at least the minimum school day on the day of the absence before release and is limited to four days per school month)

Family trips and vacations are not reasons for an excused absence under law and policy and will be recorded as unexcused unless advance arrangements are made for independent study. Parents/guardians are encouraged to plan family trips and vacations outside of the instructional day.

Student Name: ________________________ Grade: _________ School: ________________________
Date of Absence: ________________________

Approval by parent/guardian: I verify the absence qualifies for the reason checked above.
I understand my student is responsible for making up any assignments, which can be made up, during the absence.

Parent/Guardian Signature: __________________________________ Date: ________________________

Note: You will receive a response if this request is not approved. Should you require confirmation of receipt or acceptance, please contact the school office.

Office Use Only

Approval by Principal/Designee: This prearranged absence request has been reviewed by me and qualifies as (check one): ☐ Excused ☐ Unexcused (Date request denied: __________; Date communicated: __________)

Principal/Designee Signature: __________________________________ Date: ________________________

References: Education Code 48205, 46014, 46112, 46113, 46117, 46141; Board Policy 5113; Board Resolution 19-11