

ELKIN HIGH SCHOOL  
ABSENCE WAIVER REQUEST FORM  
**(Must be completed by Parent and Student)**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

My student has been absent from school or from select classes for more than the allowed 3 days per nine weeks grading period to receive course credit. I am requesting a waiver of the attendance requirement. The dates of the absences are:

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The reasons for the excessive absences are:

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Please check as appropriate:

\_\_\_\_\_ The school has all notes received from the doctors.

\_\_\_\_\_ Doctors notes or other supporting documentation is attached.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Student Signature)

Reference Elkin City Schools Board Policy 4400 Attendance

ELKIN HIGH SCHOOL  
ABSENCE WAIVER VERIFICATION FORM  
**(Must be completed by Teacher)**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

*The Absence Waiver Verification Form is to be filled out by the classroom teacher and turned in with the Absence Waiver Request Form signed by a parent.*

1st Period Number of Absences \_\_\_\_\_ Average \_\_\_\_\_

\_\_\_\_\_ The student has made up all assignments and tests missed during his/her absences.

\_\_\_\_\_ The student has attended SMART breakfast sessions as requested/needed.

Teacher Signature \_\_\_\_\_

2nd Period Number of Absences \_\_\_\_\_ Average \_\_\_\_\_

\_\_\_\_\_ The student has made up all assignments and tests missed during his/her absences.

\_\_\_\_\_ The student has attended SMART breakfast sessions as requested/needed.

Teacher Signature \_\_\_\_\_

3rd Period Number of Absences \_\_\_\_\_ Average \_\_\_\_\_

\_\_\_\_\_ The student has made up all assignments and tests missed during his/her absences.

\_\_\_\_\_ The student has attended SMART breakfast sessions as requested/needed.

Teacher Signature \_\_\_\_\_

4th Period Number of Absences \_\_\_\_\_ Average \_\_\_\_\_

\_\_\_\_\_ The student has made up all assignments and tests missed during his/her absences.

\_\_\_\_\_ The student has attended SMART breakfast sessions as requested/needed.

Teacher Signature \_\_\_\_\_