

# NORTHERN VANCE HIGH SCHOOL'S - (1<sup>st</sup> 6-Weeks) ABSENCE WAIVER FORM

The Vance County Schools Attendance Policy states:

High school students who miss more than **eight days** of a one semester course, not covered by a medical doctor's note certifying that the student was unable to attend school, will not receive credit for that course. High school students who miss more than **16 days** of a two semester course, not covered by a medical doctor's note certifying that the student as unable to attend school, will not receive credit for that course. However, in cases of unusual circumstances concerning excessive absences, death, court proceedings, etc., the principal may decide to award the student's earned average for the course. For students who wish to make up time missed from classes, after school attendance make-up sessions are available.

*Attendance information can be found on Page 25 / (8) in the 2009-2010 VCS / (NVHS) Student/Parent Handbook,*

Student's Name: \_\_\_\_\_ Period: \_\_\_\_\_

Course Title: \_\_\_\_\_ Teacher: \_\_\_\_\_

### ***For Teacher Use Only***

Student's Course Grade (Numerical): \_\_\_\_\_ Total Number of Days Absent: \_\_\_\_\_

Total Number of Days made up after school with you (the teacher) \_\_\_\_\_

*For each day made up after-school, the date must be recorded on the back of this sheet. Please see directions on the back.*

Total Number of Days Tardy to Class: \_\_\_\_\_ (The Front Office Verification required)

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

*(Teachers **do not** sign until Parent Signature is present)*

### ***Student/Parent Section***

Student and Parent, in order for days to be waived that were not attempted to be made-up, please attach a copy of the medical documentation (even if you submitted the documentation previously), noting that the doctor certified that the student could not be at school. *Please attach an explanation of illness and dates that are noted by the medical documentation.*

Was any absence a result of a (please circle) Death or Court Proceeding?

If Yes, please provide the total number of days the student was absent due to a death or court proceeding \_\_\_\_\_.

Provide each date for the Death or Court Proceeding absence: (Please note that you must attach court documentation indicating court date).

\_\_\_\_\_

\_\_\_\_\_

(Student Signature)

Date

(Parent Signature)

Date

**Student and Parent please attach all medical/legal documentation to the Absence Waiver Form before submitting to the teacher**

### ***For Principal Use Only***

Waiver is:  **APPROVED**  **NOT APPROVED**

(Principal's Signature): \_\_\_\_\_

**•An Absence Wavier Form must be completed for each course an Attendance Violation has occurred.**

**•The Absence Waiver Form must be submitted to the teacher by Friday, October 2, 2009.**

**•The teacher must submit to the Front Office on or before Tuesday, October 6, 2009**

**•Please complete an Absence Waiver Form even if you have already made up your absence(s).**

## NORTHERN VANCE HIGH SCHOOL'S - (1<sup>st</sup> 6-Weeks) ABSENCE WAIVER FORM

***For Teacher Use Only***

Teachers referring to Page 1 of the Absence Waiver Form, please indicate in the table below the dates in which the student made up his/her absence according to the *Period for Period requirement*. Please note by signing you certify that the student stayed and made up days with you in accordance with the Vance County Schools Attendance Policy. Please note: the student must stay at least one hour to make up an absence.

Absence No.	Absence Date	Make-Up Date	Time
<i>(ex) 9</i>	<i>09/12/2009</i>	<i>09/20/2009</i>	<i>3:15 – 4:48 pm</i>
<b>9</b>			
<b>10</b>			
<b>11</b>			
<b>12</b>			
<b>13</b>			
Any absence after the 13 <sup>th</sup> absence must be approved by the Principal, prior to the absence. Approval for absences may be limited to documented medical issues, deaths, or judicial requirements. Please contact Mr. Creasman at 492-6041 or via-email <a href="mailto:bcreasman@vcs.k12.nc.us">bcreasman@vcs.k12.nc.us</a> , for absence approval.			

*(If additional space is needed, please attach)*

**Teacher Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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***For Front Office Use Only***

**Tardy Verification**

Tardy No.	Tardy Date	Period
<i>(ex) 1</i>	<i>09/12/2009</i>	<i>2nd</i>
<i>1</i>		
<i>2</i>		
<i>3</i>		
<i>4</i>		
<i>5</i>		
<i>6</i>		
<i>7</i>		
<i>8</i>		
<i>9</i>		
<i>10</i>		

The student has not been tardy to school or class