Conditional/Extenuating Absence Request

Student’s Name: ___________________ Date of request submission: ______ Current Grade Level: ________

Dates of requested conditional absences: From __________________ through __________________

This Conditional/Extenuating Absence form must be submitted at least one week before the absence or within one week after the absence for the request to be considered. Otherwise, the absence will be recorded as “unexcused.”

An approved “Extenuating/Conditional” absence is a type of “exempted absence” and must meet the “itemized exceptions to attendance requirement” listed below as described by the Louisiana State Department of Education. Required written verification from a physician, dentist, other official documentation, etc. must be included when this form is submitted.

Please check the itemized exception that applies to your child’s absence:

_____1. Extended personal physical or emotional illness as verified by a physician or nurse practitioner licensed in the state

_____2. Extended hospital stay in which a student is absent as verified by a physician or dentist

_____3. Extended recuperation from an accident in which a student is absent as verified by a physician, dentist, or nurse practitioner licensed in the state

_____4. Extended contagious disease within a family in which a student is absent as verified by a physician or dentist licensed in the state

_____5. Quarantine due to prolonged exposure to or direct contact with a person diagnosed with a contagious, deadly disease, as ordered and verified by state or local health officials

_____6. Observance of special and recognized holidays of the student’s own faith

_____7. Visitation with a parent who is a member of the United States Armed Forces or the National Guard of a state and such parent has been called to duty for or is on leave from overseas deployment to a combat zone or combat support posting. **Excused absences in this situation shall not exceed five school days per school year**

_____8. Absence from school for one day within a 30-day period to render artistic or creative services. **Official documentation from the hiring company is required.**

_____9. Absences verified and approved by the school principal or designee as stated below:

______a. Prior school-approved/sponsored travel for educational purposes. State the name of the school sponsored trip: ____________________________________________________________

______b. Death in the immediate family (not to exceed one week). Relationship between the deceased and the student: ____________________________

______c. Natural catastrophe and/or disaster. State the date(s) and nature of the natural catastrophe or disaster: _______________________________________________________

_____10. Other/Special Consideration - List the reason you are requesting special consideration for an extenuating/conditional absence:__________________________________________________________

__________________________________________________________
A student who is verified as meeting extenuating circumstances previously listed, or is granted special consideration, is eligible to receive grades. However, he shall not receive grades if he is unable to complete makeup work or pass the course under the specifications and within the timelines specified by the student’s teacher(s) and approved by the respective school Principal.

(**The Lab School defines “extended” absence as 10 or fewer days of consecutive absences. If one of the extenuating circumstances requires a Lab School student to miss more than 10 consecutive days, the student must return to his/her free and appropriate public education (FAPE) school and apply for Home Bound services. The student’s parents may either pay the remainder of the year’s tuition and MFP funding to hold the student’s Lab School admission or reapply for admission at a later date.**)

For School Office Use Only:

Approved:_______________  Denied:_______________

Print Name of the School-level Principal or administrative designee reviewing the request:

____________________________________

Print Name

____________________________________

Signature             Date

***After approval or denial is granted, a copy of this document will be scanned to the student’s teacher(s) and the parent who submitted the request.***