

**Mr. Austin Beutner**

*Superintendent of Schools*

**Mr. Roberto A. Martinez**

*Instructional Superintendent*

**Name**

*Principal*

**LOS ANGELES UNIFIED SCHOOL DISTRICT**

***SCHOOL LETTER HEAD***

When a student’s absence has been requested, in writing, by the parent/legal guardian and approved by the administrator, it may be considered “Justifiable Personal Reasons” and assigned Reason Code #5. Please provide documentation to support this request.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_ am requesting Administrator Approval for my son/daughter who will be absent from school for a total of \_\_\_\_\_\_\_\_\_day(s), from (dd/mm/yy) \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_.

Reason for request:

 Other (please specify): justifiable personal reasons related to the work stoppage

I understand that any absence from school will result in the loss of valuable instructional time and may impact my child’s learning and academic achievement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Printed Name Parent/Legal Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Email Parent/Legal Guardian Telephone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Administrator Printed Name Administrator Signature Date

page18image24056Approved page18image24056Not Approved

*If approved, student shall be allowed to complete all assignments and tests missed during the absence that can reasonably be provided and, upon satisfactory completion, shall receive credit equal to the credit he/she would have received on the original assignment or test.*

----------------------------------------------------------- Office Use Only ------------------------------------ Reason Code # 5 has been entered in MiSiS for all applicable dates/class periods.

Information entered by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ Name (First, Last)

REF-5464.7, Attachment F

Student Health and Human Services