

George Jenkins High School

Excused Absence Request

In order to request that your day(s) off campus be excused, please fill out this form in its entirety and attach your guardian's note. Excused absence requests for doctor or dental visits require medical documentation. **Incomplete forms will not be considered.** Students have **3** days upon returning to school to request that their absences be excused.

*If you plan to be absent due to a previously scheduled event, this form must be turned in **at least one week prior** to the first day of your planned absence.

Last Name: _____ First Name: _____

Student ID: _____ Grade: _____

Dates of absence: _____

Class Periods Missed: _____

Reason for absence (please attach any necessary documentation):

Parent/Guardian's Signature (If not attached in note):

Forms can be emailed to Tina.Marsh@polk-fl.net or GJHS.attendance@polk-fl.net

*A student may be excused for up to ten (10) attendance days in a span of a ninety calendar (90) day period. After this period of time, a doctor's verification will be required to excuse any absence.