

Los Angeles County High School for the Arts
Absence Verification Form

Please complete the following for your child's absence. For Early Dismissal, a student must turn this form into the main office and sign out prior to leaving campus. For an All Day absence, this form must be submitted within 3 days of the absence, or the absence will be marked as UNVERIFIED.

Student Name (First and Last): _____

Date(s) of Absence: _____

- ALL DAY ABSENCE:** Please check here if the absence is a full day absence
- (LATE ARRIVAL) - PARTIAL DAY ABSENCE:** please circle the periods the student missed. Per. 0

Per 1 Per 2 Per 3 Per 4 Per 5 Per 6 Per 7 (Arts)

What time did the student arrive at school? _____

- (EARLY DISMISSAL) - PARTIAL DAY ABSENCE:** please circle the periods the student will miss:

Per 1 Per 2 Per 3 Per 4 Per 5 Per 6 Per 7 (Arts)

What time will the student need to leave school? _____

The Reason for the absence is:

- Illness** - Doctor's note required for absences of more than 3 consecutive days or after 9 illness absences.
- Quarantine** - By a health officer
- Medical Appointments**. – Doctor, dental, or optometric appointments
- Funeral Service** - For member of immediate family – 1 day in state, 3 days out of CA
- Religious Reasons** - Holiday or ceremony
- College/University Visits** - (Pre-approval required - minimum of 5 Days in advance of visit. Please attach printed confirmation from the college that is being visited)
- Professional Job Opportunities** – (Limited to 5 consecutive days – prior approval needed. Please attach printed confirmation of the professional job opportunity)
- Court Appearance**
- Unexcused Verified Absence:** This means we have heard from parent or guardian and we know why the student was not in school but it does not fall within the state accepted codes for excused absence. Examples: Car trouble, carpool problems, driver's license test, personal problems, vacation during school days, taking care of a family member, babysitting, or going to work with a parent or family member

Parent/Guardian: Please sign and date:

SIGNATURE

DATE

PRINT NAME

PHONE NUMBER

For Office Use Only:

CODE: I U X V O R S T J

Attendance Month: _____ Code Entry in Aeries: _____ By: _____