

# 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**

**NOTE:** Examples of **Unexcused Absences** are: 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

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### For Office Use Only:

CODE:      I      U      X      V      O      R      S      T      J

Attendance Month: \_\_\_\_\_ Code Entry in Aeries: \_\_\_\_\_ By: \_\_\_\_\_