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.

Stu	udent Na	ame (First and La	st):									
Da	te(s) of	Absence:										
	ALL DAY ABSENCE: Please check here if the absence is a full day absence											
	(LATE	LATE ARRIVAL) - PARTIAL DAY ABSENCE: please circle the periods the student missed.										
	Per 1	Per 2	Per 3		Per 4		Per 5		Per 6		Per 7 (Arts	s)
	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	s)
	What	time will the stud	dent need t	o leave	school?							
Th	e Reas	on for the absen	ce 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 a printed confirmation from the college that is being visited)											
												ase attach
	□ Professional Job Opportunities – (Limited to 5 consecutive days – prior approval needed. Please at Printed confirmation of the professional job opportunity)											ase attach
		Court Appeara	nce									
	pe go	amples of <u>Unexc</u> ersonal problems, ing to work with a	vacation du parent or f	ring sch amily m	nool days							
Pa	rent/Gu	ıardian: Please s	ign and da	te:								
SIGNATURE					DATE							
PRINT NAME					PHONE NUMBER							
					For Off	ice Use	Only:					
		CODE:	I	U	Χ	V	0	R	S	Т	J	
Attendance Month:					By:							