

ATTENDANCE WAIVER FORM

1st Semester Deadline: 11-30-2018

2nd Semester Deadline: 4-30-2019

Student Name: _____ Student #: _____ Grade: _____ Counselor: _____

Complete the following information for ABSENCES GREATER than 5:

1. Request an attendance print out from the Counseling Office and attach it and all documentation to this form. All notes must have dates of absences. **Waiver requests without documentation will not be considered.**
2. **Circle dates** on the attached attendance printout that correspond to the dates being requested for waiver.
3. Complete the form below.
4. Complete the *Consent of Release of Information* form on the back if this a request due to a health issue.

Please waive my absences for the following documented reasons (check all that apply):

- _____ **Chronic Illness:** Please provide a doctor's note that includes an explanation of the chronic illness, specific days missed from school, and duration of the chronic illness. Parent's notes are accepted if there is a clear doctors note stating the student may not be seen every time an episode occurs (such as debilitation migraines, asthma, etc.)
- _____ **Acute Illness:** An illness that occurs for 5 consecutive days. Doctor notes must be provided for all days missed.
- _____ **Death in Immediate Family:** Up to 3 days can be waived. Obituary/service program must be provided.
- _____ **Court Appearances:** Days a student is subpoenaed as a witness only. Court appearances for involvement in criminal activity are not waived. Court officials can provide documentation.
- _____ **Some Religious Holidays:** Please bring in a note from parent/guardian regarding religious holiday.
- _____ **Other:** (surgery, MEPS, pregnancy, concussion, etc.) Absences will be considered for compelling reasons.

Check off which periods were missed:

Date of Absence: _____ Reason _____ [] all day or ___ 1st ___ 2nd ___ 3rd ___ 4th

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Date of Absence: _____ Reason _____ [] all day or ___ 1st ___ 2nd ___ 3rd ___ 4th

Comments regarding absence(s): _____

TEACHER NAMES- PLEASE PRINT NAME NEATLY (signatures not needed)

1st Period Teacher _____ 2nd Period Teacher _____

3rd Period Teacher _____ 4th Period Teacher _____

STUDENT SIGNATURE _____ PARENT SIGNATURE _____

Attendance Committee Only

Declined: Reason for Denial of waiver: _____

Approved: Days to be waived: _____

Principal Signature: _____ Date: _____

Buncombe County Schools
PARENT/GUARDIAN CONSENT FOR RELEASE OF INFORMATION

Student: _____	DOB: _____	
School: _____	Teacher: _____	Grade: _____

I hereby authorize Buncombe County Schools and:

(Agency or Individual) _____
(Address if known) _____
(Phone number if known) _____
(Fax number if known) _____

to exchange information about the above-named student, for the purpose of contributing to individual educational planning for him/her. Specific information to be released is checked below.

- | | |
|---|---|
| <input type="checkbox"/> Educational | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Speech/Language |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Physical Therapy | _____ |
| <input type="checkbox"/> Psychological | _____ |

I understand that the information to be exchanged will not be released to other agencies without my prior written consent. I also understand that I may revoke this authorization at any time.

_____ (Parent/Guardian Signature)	_____ (Relationship to Student)
_____ (Witness Signature)	_____ (Date)
	_____ (Expiration Date)