

ATTENDANCE WAIVER  
LANSING EASTERN HIGH SCHOOL

DATE: \_\_\_\_\_

I/We \_\_\_\_\_ parent/guardian of \_\_\_\_\_,  
student # \_\_\_\_\_ grade \_\_\_\_\_ would like to apply for a waiver of the attendance policy for the  
First/Second semester of the \_\_\_\_\_ school year due to extenuating circumstances. This  
request is for the following dates: \_\_\_\_\_.

Please check the appropriate reason(s) and explain why the attendance policy should be waived  
for your student. Documentation must be attached to this form for the attendance waiver to  
be considered.

Medical Reason     Court Related     Family Illness/Funeral     Other

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Parent Signature

Student Signature

**STUDENTS ARE RESPONSIBLE FOR COLLECTING AND COMPLETING MISSED ASSIGNMENTS.**

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Time Line \_\_\_\_\_ Documentation \_\_\_\_\_ Total Days Absent \_\_\_\_\_ Attendance History \_\_\_\_\_

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ MORE INFO NEEDED \_\_\_\_\_

Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

STUDENT: PLEASE SHOW THIS FORM TO ALL YOUR TEACHERS ONCE YOUR ADMINISTRATOR HAS  
APPROVED IT AND RETURN TO OFFICE WHEN FINISHED.

1<sup>st</sup> Hour\_\_    2<sup>nd</sup> Hour\_\_    3<sup>rd</sup> Hour\_\_    4<sup>th</sup> Hour\_\_  
5<sup>th</sup> Hour\_\_    6<sup>th</sup> Hour\_\_    7<sup>th</sup> Hour\_\_    8<sup>th</sup> Hour\_\_