

STUDENTS

DRAFT 9/21/18

09.123 AP.21

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**Attendance Forms**  
**HOPKINS COUNTY BOARD OF EDUCATION**  
**MEDICAL EXCUSE FORM**

School:	Phone:
Address:	Fax:

**This form is required ONLY after ten (10) medically excused absences or five (5) tardies.**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby authorize this health care provider to release the information requested on this form for my child listed above. \_\_\_\_\_

Parent or Guardian Signature

Date of Appointment: \_\_\_\_\_

Time of Appointment: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

Reason for Appointment (check only one)

- ☐ Routine Office Visit    ☐ Follow-up Visit    ☐ Orthodontic  
☐ Dental    ☐ Vision    ☐ Emergency    ☐ Tests

Was it medically necessary for this student to be absent the entire day on date of appointment?

☐ Yes    ☐ No    Comments: \_\_\_\_\_

If no, would student have missed all day due to office location, etc?

☐ Yes    ☐ No

Will student need to be absent more than one (1) day?

☐ Yes    ☐ No

If yes, how long? \_\_\_\_\_

**If student is to be absent five (5) or more consecutive days, please complete a homebound application.**

This student may return to school on \_\_\_\_\_  
Date

Health Care Provider Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_  
Signature of Health Care Provider/Physician/APRN

\_\_\_\_\_  
Date

**Note:** Students in Hopkins County Schools will be allowed up to five (5) excused absence events and up to five (5) excused daily tardies for the entire school year with a written parent note. Hopkins County Schools will excuse up to ten (10) absence events with doctor/medical excuse/note. Any absence event due to medical reason in excess of ten (10) will require the presentation of the Hopkins County Schools' Medical Excuse Form before the absence will be excused. The form will be available at each school and central office upon request.

**Attendance Forms****EDUCATIONAL ENHANCEMENT OPPORTUNITY REQUEST FORM**

**To request an absence to participate in an educational enhancement activity please complete this application and return it to your school principal at least five (5) days prior to the anticipated event. The following standards shall apply to all requests:**

1. The proposed activity must have significant education value.
2. The proposed activity must be directly related to one (1) of the core curriculum subjects of English, science, mathematics, social studies, foreign language, and/or the arts.
3. The proposed activity is:  
☐ An intensive program related to the core curriculum;  
☐ An educational foreign exchange program  
☐ Other (explain) \_\_\_\_\_
4. Approval may be given for up to ten (10) school days.
5. Unless the Principal determines that extenuating circumstances exist, requests for date(s) falling within State or District testing periods shall not be granted; and
6. The Principal will determine if the activity is of significant educational value.

If the request is approved, the student will receive an excused absence and will be able to make up work. The student's grade(s) shall not be affected adversely for lack of class attendance or class participation.

Decisions may be appealed to the Superintendent and then to the Board of Education under the District's Grievance policy.

Student Full Legal Name: \_\_\_\_\_ Date of Application \_\_\_\_\_

Name of School \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Home Phone \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Excused Absences to Date \_\_\_\_\_ Unexcused Absences to Date \_\_\_\_\_ Total Absences to Date \_\_\_\_\_

Date(s) of Intended Absence(s) \_\_\_\_\_

Siblings that are also requesting an educational enhancement opportunity:

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Please explain the nature of the event the student will be attending and how the activity meets the criteria of (1) having an educational purpose, (2) having "significant educational value," (3) how the activity is directly related to one of the core curriculum subjects of English, science, mathematics, social studies, foreign language or the arts, and (4) include an itinerary for the event~~list any other students in the District also attending. Please attach a schedule of activities/events to be attended.~~ (Use additional paper, if needed, and attach to this completed form.)

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**Attendance Forms**

**EDUCATIONAL ENHANCEMENT OPPORTUNITY REQUEST FORM**

1. What type of event(s) will the student participate in (foreign exchange program, instructional program, experiential program, or performance program)?

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2. Explain the educational purpose of the educational enhancement activities planned during the event.

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3. Explain the "significant educational value" of the event.

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4. Provide a description of the academic area(s) that the student will learn about while participating in the event: (Areas may include: English, science, mathematics, social studies, foreign language or the arts).

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5. Include an itinerary.

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\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**By signing this document, you are signing it under the penalty of perjury.**

**Attendance Forms****EDUCATIONAL ENHANCEMENT OPPORTUNITY REQUEST FORM****FOR SCHOOL USE ONLY – TO BE COMPLETED BY PRINCIPAL/DESIGNEE**

This request must meet all three criteria to be eligible for an educational opportunity absence:

1. This request is for an absence that will have “significant educational value” and be “intensive” in nature. Yes ☐ No ☐
2. The activity is tied to one of the core curriculum subjects of English, science, mathematics, social studies, foreign language or the arts. Yes ☐ No ☐

As Principal, I recommend ☐ I do not recommend ☐ that this educational opportunity absence be granted.

Principal’s Rationale:

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Signature of Principal

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Date

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**Attendance Forms**  
**EDUCATIONAL ENHANCEMENT OPPORTUNITY REQUEST FORM**  
**ACADEMIC PASSPORT**

**Student Instructions:** Sign the bottom of this form and take to all of your classes for your teachers to complete.

**Teacher Instructions:** Fill in the required data in the table below.

Student Name: \_\_\_\_\_ Date of Trip: \_\_\_\_\_

<u>Period</u>	<u>Class</u>	<u>Assignment(s)</u>	<u>Teacher Initials</u>
<u>1</u>			
<u>2</u>			
<u>3</u>			
<u>4</u>			
<u>5</u>			
<u>6</u>			
<u>7</u>			
<u>8</u>			
<u>9</u>			
<u>10</u>			

I agree to complete and turn in all make up school work according to the policy.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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