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STUDENTS	09.123 AP.21
Attendam Hopkins County Bo	DARD OF EDUCATION
MEDICAL EX	CCUSE FORM
School:	Phone:
Address:	Fax:
This form is required ONLY after ten (10) m	edically excused absences or five (5) tardies.
Student Name:	Date of Birth:
I hereby authorize this health care provider to remy child listed above.	lease the information requested on this form for
Parent or Guardian	Signature
Date of Appointment:	
Time of Appointment: Tim	
Reason for Appointment (check only one)	
☐ Routine Office Visit ☐ Follow t	ip Visit ─□ Orthodontic
- Dental - Vision - Emerger	
Was it medically necessary for this student to be	
Tyes To Comments:	
If no, would student have missed all day due to o	ffice 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 con- applic	
This student may return to school on	
— Date	
Health Care Provider Name	
Address	
Phone:	Fax:
Signature of Health Care Provider/Physic	ian/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.

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STUDENTS

09.123 AP.21 (CONTINUED)

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:		1	Date of Application
Name of School		Homeroor	m Teacher
Date of Birth:	Age:	Grade Level:	Home Phone
Residence Address:			
City:		State:	Zip Code:
Excused Absences to Date	Unexcused A	bsences to Date	Total Absences to Date
Date(s) of Intended Absence(s)			
Siblings that are also requesting an	educational enl	hancement opportuni	ty:
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. (Use additional paper, if needed, and attach to this completed form.)

STUDENTS

09.123 AP.21 (CONTINUED)

Attendance Forms Educational Enhancement Opportunity Request Form

1. What type of event(s) will the student participate in (foreign exchange program, instruexperiential program, or performance program)?	ictional program,
Explain the educational purpose of the educational enhancement activities planned dur	ing the event.
3. Explain the "significant educational value" of the event.	
4. Provide a description of the academic area(s) that the student will learn about while parevent: (Areas may include: English, science, mathematics, social studies, foreign language	
5. Include an itinerary.	
Signature of Student Date Signature of Parent/Guardian	n Date
By signing this document, you are signing it under the penalty of pe	

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STUDENTS

09.123 AP.21 (CONTINUED)

Attendance Forms EDUCATIONAL ENHANCEMENT OPPORTUNITY REQUEST FORM

FOR SCHOOL USE ONLY - TO BE COMPLETED BY PRINCIPAL/DESIGNEE

This requ	est must meet all three criteria to be eligible for	an educational op	portunity absence:
1.	This request is for an absence that will have "s in nature.	significant educati Yes □	onal value" and be "intensive" No □
2.	The activity is tied to one of the core curriculum studies, foreign language or the arts.	subjects of Englis Yes □	sh, science, mathematics, social No □
As Princi	pal, I recommend ☐ I do not recommend ☐ that	this educational of	opportunity absence be granted.
Principal	's Rationale:		
	Signature of Principal		Date

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STUDENTS

09.123 AP.21 (CONTINUED)

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 compl	ete.		J
Teacher	Instructions	: Fill in the required data in the table below.	
Student 1	Name:	Date of Trip:	
Period	Class	Assignment(s)	Teacher Initials
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
I agree to	o complete an	d turn in all make up school work according to the policy.	
Student	Signature		Date
Parent S	gnature		Date