

Excused Absence Request for a College/Military Visit

PLEASE PRINT:

Student's Name	Last	First	Middle	Grade Level	School Year
				<input type="checkbox"/> Junior <input type="checkbox"/> Senior	

Part I -- To be completed by parent/guardian/adult student and submitted to the campus attendance office at least two (2) school days prior to the requested visit so that eligibility criteria can be verified and approval granted prior to a college/military visit.

Name of College(s)/University(ies)/Military Facility(ies) to be Visited	Date of Scheduled Visit(s)
	<input type="checkbox"/> 1 day <input type="checkbox"/> 2 days*
Reason for visit: _____	
*Days must be consecutive	

As the parent/guardian of the above-named student or as the adult student, I understand that only those students who meet the following criteria will be allowed to have **two (2) excused days of absence for the purpose of making a college/military visit(s) during their junior year and two (2) excused days of absence for the purpose of making a college/military visit(s) during their senior year:**

1. The student must have passed the required parts of the STAAR test for the previous year.
2. The student must be on track to graduate on time.
3. The student is classified as a junior or senior based upon credits earned.
4. The student is passing all course work.
5. The student has no truancy or other attendance problems.
6. The student is not in a DAEP placement or assigned to a JJAEP.

I understand that:

1. Prior approval is required for an excused day of absence to be granted. No partial day absences will be approved.
2. Approval will not be granted on a day when major exams are scheduled.
3. If approval is granted, verification of the visit (Part III of this form) must be returned in order for the absence to be recorded as excused and to not be counted against exam exemptions.
4. If the college/military visit cannot be made on the date specified above, a new form must be submitted for approval.

I verify that the above-named student meets all of the criteria listed and will not exceed the number of excused days of absence allowed for college/military visits this school year.

Parent's/Guardian's/Adult Student's Signature	Date
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Part II -- To be completed by high school personnel

FOR ADMINISTRATIVE USE ONLY	VERIFICATION OF CRITERIA		
Printed Name of Person Conducting Verification	Verification (check item number from Part I if student meets criteria) <input type="checkbox"/> 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6.		
Signature of Person Conducting Verification	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Status <input type="checkbox"/> Approved <input type="checkbox"/> Denied</td> <td style="width: 50%;">Date</td> </tr> </table>	Status <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date
Status <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date		

Upon completion of Part II, this form will be returned to the parent/guardian/adult student. **If approval is granted**, Part III must be completed by a college/military representative for verification purposes. If more than one college/university is visited on the approved date, verification need only be obtained from a representative at one campus/facility.) (NOTE: Attendance office personnel should retain a copy of this form prior to returning it to the parent/guardian/adult student.

Part III -- To be completed by college/military representative

Verification of College/Military Visit

My signature below verifies that the above-named student visited our campus as follows:

Visit consisted of:		
<input type="checkbox"/> Tour of campus	<input type="checkbox"/> Assessment	<input type="checkbox"/> Military Facility
<input type="checkbox"/> Tour of department	<input type="checkbox"/> Financial Planning	<input type="checkbox"/> Military Enlistment Office
<input type="checkbox"/> Official visit (athletics)	<input type="checkbox"/> Admissions Office	<input type="checkbox"/> Other: _____

Name of College/University/Military Facility	Date(s) of College/Military Visit
Printed Name of College/Military Representative	Title
Signature of College/Military Representative	Telephone Number

Upon completion of Part III, the parent/guardian/adult student should return this form to the Attendance Office.