

Botetourt County Public Schools Student Attendance Waiver Request

Student Name: _____

Grade Level: _____

Parent Name: _____

Date: _____

I am requesting an attendance waiver for the following blocks (*check all that apply*):

<input type="checkbox"/>	1 st Block	Course Name:
<input type="checkbox"/>	2 nd Block	Course Name:
<input type="checkbox"/>	3 rd Block	Course Name:
<input type="checkbox"/>	4 th Block	Course Name:

Instructions

- **Attach all supporting documentation (Not already provided to the school) for the absence(s) to this completed form.** Supporting documentation includes a court summons or other court verification, notes from a professional office (medical, dental, orthodontist, private counselor) showing the date and time the student was seen and/or the specific school excuse written and signed by the medical professional for the student absence(s).
- **Briefly explain any extenuating circumstances for absences in the space below:**

- **Return this completed form and all supporting documentation to the LBHS Attendance Office.**

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

For Office Use Only**Attendance Committee Decision and Recommendation**

The following dates were accepted as valid absences: _____

The student should be granted a waiver for the following blocks/courses:

<input type="checkbox"/>	1 st Block	Course Name:
<input type="checkbox"/>	2 nd Block	Course Name:
<input type="checkbox"/>	3 rd Block	Course Name:
<input type="checkbox"/>	4 th Block	Course Name:

Date: _____