



## Orange County Public Schools

OCPS Academic Center for Excellence  
701 W. Livingston Street  
Orlando, Florida 32805  
407.866.1280

Seth Daub, Principal  
Cara Backherms, Assistant Principal  
Malomo Jackson, Assistant Principal  
Leonard Smith, Assistant Principal

### 2023-2024 PRE-APPROVED ABSENCE APPLICATION

Attendance Clerk: Axa Jimenez

A pre-arranged absence does not automatically excuse a student from school. Absences from school must coincide with Orange County School Board attendance policies. OCPS approves absences for:

- Illness, injury or other medical conditions
- Illness or death of a family member of the student's immediate family
- Recognized (or established) religious holidays and/or religious instruction.
- Medical appointments, in conjunction with written physical statement

Directions: This form **MUST** be submitted to allow sufficient time for all parts to be completed before student takes the absence. Form must be completed and returned at least 3 days (72 hours) prior to absence.

#### Step 1: Student Information:

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Student Number: \_\_\_\_\_

Date(s) to be absent: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I agree to make-up work assigned either before my departure or upon my return within the time limits of the school make-up policy. If my absences are considered unexcused, I will contact my teachers regarding missed work and follow their make-up policy as outlined in the student syllabus.

Student Signature: \_\_\_\_\_

#### Step 2: Parent Information

I understand my student's absence(s) will only be approved if the reason meets the attendance criteria set forth by OCPS School Board.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

**To be Filled Out by School Personnel**

**Step 2 for Elementary School Only**

**Step 2: Elementary Teacher Information**

Teacher Signature: \_\_\_\_\_

Date Work to be Completed: \_\_\_\_\_

**Step 3 for Middle School Only**

**Step 3: Requested Teacher Information**

Period	Teacher Signature	Date Work to be Completed
1		
2		
3		
4		
5		
6		
7		

Turn in your completed request to the Attendance for administrative review.

Approved to be excused: \_\_\_\_\_

Determined unexcused: \_\_\_\_\_

Administrative Signature: \_\_\_\_\_

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

Comments:

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**Allow 48 hours for review of application**