

Boaz City Schools

Prior Permission Absence Request Form

*This form must be submitted to EACH principal for EACH student
at least 10 days prior to the date of absence.*

Student: _____ Grade: _____

School: _____ Date(s) of Absence(s): _____

Total Number of "School Days" to be missed: _____

Reason for Absence (*use back of form if additional space is needed*)

Do you have other school-aged children who will be absent for the same reason? ☐ YES ☐ NO

If yes, list names and schools attended: _____

Parent/Guardian Signature: _____ Date: _____

For Office Use Only

Number of "XA" absences to date: _____

Approved: ☐ Yes ☐ No

Parent/Guardian Notified by: ☐ Letter ☐ Email ☐ Phone ☐ In-Person

Notification Date: _____

Principal's Signature: _____

Date: _____

Place in student's attendance folder