



**MONTGOMERY
PUBLIC SCHOOLS**

**RETURN THIS FORM TO:
STUDENT SOCIAL SERVICES
321 Early Street, Room 210
Montgomery, AL 36104
(334) 223-6851**

PRIOR APPROVAL ABSENCE FORM

School: _____ Date of Request: _____

Parent/Guardian Name: _____ Parent/Guardian Email: _____

Name of Student(s): _____ Student Grade: _____

Address: _____

Phone Number: _____

Days/Dates to be Absent: _____

Reason for Absence: _____

Attach documentation to support request (as appropriate)

****All Prior Approval Absence Forms must be hand-delivered to the STUDENT SOCIAL SERVICES or mailed via U.S. Postal Service within TWO (2) WEEKS PRIOR to the date requested.
Faxed or emailed forms will not be accepted.**

(FOR STUDENT SOCIAL SERVICES STAFF ONLY)

Date Received: _____	
_____ Request Approved	# Absences to Date: _____
_____ Request Denied	Testing: _____
Reason:	Total Absences (if approved): _____
	Absence Code (if applicable): _____
	Other: _____