



HAMTRAMCK PUBLIC SCHOOLS

EXTENDED ABSENCE REQUEST FORM

Date: _____ Student Local ID # _____

School: _____ Student Name: _____

Student Date of Birth: _____

As the parent/guardian of _____, I am choosing to take my child out of school for an extended period of time.

The reason for this absence is:

I understand that by doing this, I am putting my child at risk for failure in school. I further understand that the following may occur:

- Student not receiving credit for time missed
- Student not receiving same schedule or teacher upon return
- Student not progressing to next grade level
- Student being required to attend summer school

The last day of school for my child will be: _____

I anticipate that my child will return on: _____

I also understand that if the absence is over 10-days then upon my child's return I must:

- Reregister my child at the Residency Office.
- Provide official transcripts (translated into English) if my child attended school during his/her time away from Hamtramck.
- If your child is Schools of Choice and is dropped for non-attendance then you will not be able to re-enroll until the next Schools of Choice application period.

- If a student who is receiving Special Education Services is absent for more than 10 days, these services will be discontinued, as the student will no longer be considered an HPS student.

Parent/Guardian Print

Parent/Guardian Signature

Date

Please list here any SIBLINGS (brothers or sisters) that will also be requesting an extended absence from a Hamtramck Public School for the same reason and length of time:

Student Local ID # _____

Student Name:

Birth Date:

Student Local ID # _____

Student Name:

Birth Date:

Student Local ID # _____

Student Name:

Birth Date:

Parent/Guardian Print

Parent/Guardian Signature

Date