

EDUCATIONAL ENHANCEMENT OPPORTUNITY REQUEST FORM

DEAR PARENT/GUARDIAN: To request an absence for your child to attend or participate in an educational activity, please complete this application form and return it to the Head of School at least five (5) days prior to the absence. Such an absence, as requested by this signed application and approved by the Head of School, will be considered an excused absence. The major intent of the activity must be educational in order for the student to be granted this type of absence. The proposed activity must have significant educational value and be composed of an intensive program related to our core curriculum (e.g. museum visits, travel/foreign language experience, arts programming, college visits, service projects, independent study/research, etc.). The Head of School will use her good judgment to determine if the activity meets guidelines. A student may be approved for up to ten (10) days of absence per year for this purpose. Students who are granted an absence under this law will be allowed to make up all school work. Student grades will not be affected by lack of attendance or participation in classes for approved days. This type of absence may not occur during the school's EOG assessments, unless there are extenuating circumstances that are approved by the Head of School. Decisions may be appealed to the Charlotte Lab School Board of Directors.

Student Full Legal Name:	Date of Application:
Grade Level: Advisor:	Homeroom Teacher:
Date(s) of Intended Absence(s)	Total # of Days:
an educational purpose, (2) having "significar the Charlotte Lab School core values, 21st cen	udent will be attending and how the activity meets the criteria of (1) having nt educational value," and (3) how the activity is directly related to one of atury skills, and/or curriculum subjects of English, science, mathematics, arts. Please attach a schedule of activities and/or events to be attended. to this completed form.)
Signature of Parent/Guardian	Data
Signature of Parent/Guardian: Signature of Student (3 rd grade and up):	
	FOR SCHOOL USE ONLY
	# of Unexcused Absences # of Total Absences
•	mber of days disapproved:
Signature of Principal:	Date:

