

2011 – 2012 REQUEST FOR APPROVED ABSENCE

Request form must be completed and returned to OJSH Office or emailed to School Counselor Tamara Moore tmoores@onalaskaisd.net or Attendance Office Wanda Ebert webert@onalaskaisd.net

Name: _____ Student ID# _____

Date of Requested Absence: [Click here to enter a date.](#)

Reason for Request: Choose an item.

Name of location or college student will be visiting: _____

Student must bring proof of attendance to the location visited. If proof of attendance is not provided for the day missed the absence will be unexcused until proof is provided.

Forms of acceptable proof: **OJSH Form** (please print out the attached form and return to attendance office once it is completed) *** Other forms of proof may be acceptable but must be pre-approved by Charles Boyce, Principal, Anthony Roberts, Asst. Principal, or Tamara Moore, Counselor*****

JUNIORS – Allowed one (1) College Day

SENIORS – Allowed two (2) College Days

For extended absence request student and parent/guardian must provided detailed information below also provide name and current contact information of parent/guardian:

Parent/Guardian Contact Information: _____

Student must print out the additional form below and take it with them



This Section for OJSH Administrative use ONLY

Date Request Received: _____

Approved: YES NO

Administrator's Signature _____

Date Approved: _____



Onalaska Jr. Sr. High School
P. O. Box 2289
Onalaska, Texas 77360
Email: tmoore@onalaskaisd.net Office: (936) 646-1043
Main Office (936) 646-1020 Fax (936) 646-1022

Verification of Student Attendance / Visit

To whom it may concern:

The student visiting your office/location today is required to have this form completed and return it to OJSH.

Please complete the information below for the student who is visiting your specific location. The form is to be returned to the above address upon completion. You may fax or email this verification or student can hand deliver it upon return to school.

Student Name: _____

Date of Visit: _____ Location Visited _____

Name & Title of Person completing form: _____

Contact Information : _____ Address
_____ Email or telephone number

Signature: _____ Date: _____

Reminder This form must be completed and returned to OJSH for the specific date of absence