

**ABSENCE APPROVAL REQUEST**

ARS §15-902 Determination of student count

- C. A school district/charter required to utilize adjusted average daily membership as provided in this section may apply to the department of education for a further adjustment if student absences for any period of three consecutive days or more, except #4, result from any of the following reasons:
  - 1. Widespread illness.
  - 2. Adverse weather conditions.
  - 3. Concerted refusal by students to attend classes.
  - 4. Threats of violence against school property, school personnel or students for any period of one day or more

All student absence figures submitted to the Department of Education shall be certified by governing board of the school district...

- E. A school district required to use adjusted average daily membership as provided in this section may apply to the department of education for a further adjustment due to absences of pupils with chronic health problems as defined in § 15-346 if the school district is providing services to the pupils during their absence from school.

**GOVERNING BOARD CERTIFICATION OF ABSENCE APPROVAL REQUEST(S)**

(Widespread Illness – Adverse Weather – Concerted Refusal –  
Threats of violence – Chronic Health Problems)

STATE OF ARIZONA )  
 )  
County of \_\_\_\_\_ (1) )

Percentage of state aid absences for the school district: \_\_\_\_\_ % (2)  
Total number of state aid Absence Approvals requested: \_\_\_\_\_ (3)

I, \_\_\_\_\_ (4), the duly elected clerk of the Governing Board of \_\_\_\_\_ (5), do hereby certify that during a meeting of said board held in \_\_\_\_\_ (6), Arizona on \_\_\_\_\_ (7), the Board has reviewed the Absence Approval Request(s), and the documentation to support the request.

This certification verifies that: the documentation supports the Absence Approval Request(s); the documentation is on file within the school district/charter; the documentation will be made available to the Arizona Department of Education upon request, and the Governing Board has adopted policies and procedures concerning pupils with chronic health problems in accordance with ARS § 15-346 A.1.2.

I further certify that said meeting was duly called and regularly convened and was attended throughout the majority of the members of said Board and that said certification has not since been altered or rescinded.

In witness whereof, I hereunto set my hand and seal of said Board on \_\_\_\_\_ (8)

\_\_\_\_\_  
\_\_\_\_\_  
(9)