



**WAKE STEM EARLY COLLEGE
HIGH SCHOOL**

David Schwenker, Principal
715 Barbour Dr.
Raleigh, NC 27603
Main Office: 919-515-2255
Fax: 919-515-2255

School Hours: 7:25 a.m. - 2:18 p.m

Absence Report

Student's Name: _____ Grade: 9 10 11 12

Date(s) of Absence: _____

Check one of the following reasons which are acceptable for excused absences per Board Policy 6000.3(WCPSS Old Policy Manual):

___ Illness or injury

___ Death in the family

___ Medical/Dental appointment*

Doctor's Name: _____

Appointment Time: _____

___ Court* (Presence required by subpoena)

___ Religious Observance*

___ Educational Opportunity* (Prior approval as documented on the "Request for Excused Absence for Educational Reasons" form required.)

___ Other (Specify)*: _____

**May require prior administrative approval*

Parent Signature: _____

Date: _____

Phone: _____ (Number where parent may be reached during the school day)