

Iosco Regional Educational Service Agency  
 27 N. Rempert Road  
 Tawas City, MI 48750  
 989.362.3006 Ext. 1142

## Attendance Waiver Application

**Student Name:** \_\_\_\_\_

**Days Absent for Consideration:**

\_\_\_\_\_

**Reason for Consideration:**

- ☐ Doctor or Dentist Appointment
- ☐ Chronic or Ongoing Medical Condition
- ☐ Death in the Family
- ☐ **Preadvanced** Family Vacation  
 (3 or more days) – **Parent/Guardian note required**

**Documentation must be attached**

- \_\_\_ Doctor note
- \_\_\_ Doctor appointment verification
- \_\_\_ Dentist note
- \_\_\_ Dentist appointment verification
- \_\_\_ Funeral card

It is understood that by signing this document I am verifying my student's reason for being absent for the date(s) listed above. I recognize that work ethics points will be a "no count" for the days missed.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Instructor Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 CTE Administrator Signature

\_\_\_\_\_  
 Date