



In accordance with the Colorado Revised Statutes, 22-33-102, and the DSA Attendance Policy, please use this form to obtain makeup work for an extended absence (meaning: more than three (3) consecutive days out of school) due to illness or other approved reasons. Dean of Culture Syeta Hamilton, in consultation with other DSA School Leaders, will establish a due date for all makeup work aligned to the attendance policy.

Today's Date: \_\_\_\_\_ Student's Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Reason for Absence: \_\_\_\_\_

The student will be absent from school starting on (date) \_\_\_\_\_ through (date) \_\_\_\_\_.

As the student, you agree to turn in all assignments by the due dates as listed below. If you do not turn in the makeup work by the due date established, teachers will apply deductions and consequences as outlined in their respective classroom syllabi. The signatures below indicate approval for this absence by appropriate school personnel, as well as agreement to the terms outlined above by both student and parent/guardian.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Art Major Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of Culture Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For School Use**

Administration has established a due date of \_\_\_\_\_ for all makeup work missed due to an extended absence.