



Karen Wagner High School

3000 N. Foster Road • San Antonio, Texas • 78244
(210) 662-5000 • (210) 662-9896 fax
Principal Priscilla Alfaro

Attendance Appeal/Waiver Request

Student Name: _____ ID # _____ Grade: _____ Date: _____

Name of Parent or Guardian _____ Parent Phone _____

Attention: Attendance Committee

Subject: Attendance Waiver Request

I, _____, am applying to have absences waived. I am requesting the Attendance Committee consider waiving my absences due to extenuating circumstances.

Please check the type of extenuating circumstances:

Medical/Hospital Unforeseen Emergency Other

Please provide an explanation of the situation and extenuating circumstances and attach all appropriate documentation.

I am requesting that _____ days be waived due to the documentation (example, medical notes) attached to this request.

Please list the specific dates: _____

Note: Documentation is essential in being considered for a waiver.

Not all applications for waivers are approved; therefore, a student applying for a waiver should also plan on attending Wagner High School Saturday School (TROC) opportunities.

Student Signature

Parent Signature

-----*For Office Use Only*-----

Date Received: _____

Action Taken: _____ Approved (or) _____ Denied Date of Committee Action: _____

Additional Committee Comments: _____

