

**West Fargo Community High School**

**Ill Waiver Form**

**File 5 – 2400 STUDENT ATTENDANCE POLICY:**

*High school students must not be absent more than ten times from each semester course in which they are enrolled if they are to receive credit. Exceptions that may be approved include illness substantiated by a statement from a doctor, supporting a family, or other special circumstances approved by the principal.*

**For Community High School the attendance policy’s purpose is:**

- A. The school board believes that regular school attendance is directly related to success in academic work, benefits students socially, provides opportunities for important communications between teachers and students, and establishes regular habits of dependability important to the future of the student. The purpose of this policy is to encourage regular school attendance. It is intended to be positive and not punitive.
- B. This policy also recognizes that class attendance is a joint responsibility to be shared by the student, parent or guardian, teacher, and administrators. This policy will assist students in attending class.

**Illnesses of two or more consecutive days will extend your class deadline date if this form is signed by your physician within five school days upon the student’s return to school. Return this form with the student or fax it to West Fargo Community High School at 356-2007.**

Student’s Name: \_\_\_\_\_

**Doctor or Nurse, please complete the following:**

I am authorizing an ill waiver for this student for the following days or dates:

\_\_\_\_\_ to \_\_\_\_\_

My signature below indicates that the student named above is/was under my care and his or her absences should be considered “waived” under West Fargo Board Policy 5-2400

\_\_\_\_\_  
Physician’s name (please print)

\_\_\_\_\_  
Today’s Date

\_\_\_\_\_  
Physician's signature or designee

\_\_\_\_\_  
Contact phone number to verify info.