



## Student's Home Campus Scheduling/ Testing Conflict Verification Form

The following student was absent from his/her SVCTE course due to one of the reason(s) checked below. This absence has been verified by the authorized staff member at his/her home campus.

Student Name (please print) \_\_\_\_\_ Home School \_\_\_\_\_

SVCTE Course/Session/Teacher \_\_\_\_\_ **AM / PM**  
(Course name) (Teacher name) (Choose One)

\*Date of absence(s) \_\_\_\_\_

Please Check What Reason for Absence Below:

**Testing** Type of test: \_\_\_\_\_  
(CAHSEE, Adv Placement, College Admissions, Common Core (SBAC), etc.)

Test Proctor/Teacher Verification \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Name (Please Print) Title (Please Print) Phone Number

**School Wide Modified Schedule**  
Counselor/Administrator Verification \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Name (Please Print) Title (Please Print) Phone Number

**Other** Type of Required Activity \_\_\_\_\_  
(Please note that the activity must be required by school.)

Staff Member Verification \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Name (Please Print) Title (Please Print) Phone Number

**Comments/Notes:**

**\* Students are responsible to communicate with their instructors regarding coursework missed.**