

Summit Christian Academy

REQUEST FOR PLANNED ABSENCE

(request must be submitted five school days prior to absence)

Parent / student: complete student portion then have each teacher complete their portion. Turn completed form in to office for administration approval. Parent / student will be notified upon approval by administration.

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|-------------------------|---|--|--------------------------------|
| PARENT / STUDENT | Student _____ Grade _____ | | |
| | Requested Dates of Absence _____ | | |
| | Reason for Absence _____ | | |
| | Parent Signature _____ | | |
| TEACHERS | Subject / Class | Missed assignments are to be completed by: | Teacher Comments and Signature |
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| ADMIN. | <i>Comments</i> | | |
| | Administrator's Approval _____ Date _____ | | |