

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.

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