

MIDDLE SCHOOL ABSENCE APPROVAL FORM

Date Received by Office _____

Office Initial _____

I understand that this form is due at least (2) two days before date(s) of absence(s) and is required when a student is absent any part of the school day other than sickness, death in the family or a family emergency or a routine orthodontist, dentist or other doctor appointment.

Student Signature

Date

Parent Signature

Date

_____ is asking approval to be absent on the following

Student Name

date(s) _____ and for the following reason _____

It is the student's responsibility to obtain assignments from each teacher of the classes that will be missed before the above dates. *Upon return, you will have one day for each day you were absent to turn in any missed work. It is the student's responsibility to meet with each teacher in order to schedule times to make up tests and quizzes. Assignments not made up within the allotted time will result in a zero.*

*Please note: Students are allowed five preapproved absences per year. These are recorded as excused absences.

<u>Class</u>	<u>Current Grade</u>	<u>Comments</u>
1. <u>English</u>	_____	_____
2. <u>Science</u>	_____	_____
3. <u>Math</u>	_____	_____
4. <u>History</u>	_____	_____
5. <u>Bible</u>	_____	_____
6. <u>Elective (specials class)</u>	_____	_____

Office Use Only

Approved: Work can be made up

Excused Absences _____

Total Days _____

Unexcused Absences _____

Total Days _____

Not Approved: Work cannot be made up; student will receive zeros for all missed work.

Principal Signature

Date

"To know Christ and to make Him known through Christian education."