



# GRACE CHRISTIAN SCHOOL

## Absence Request Form

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date(s) to be missed: \_\_\_\_\_

Reason for Absence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Assignments and Due Dates:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The student is expected to complete all assignments above and present them to the teacher upon returning to school. The student will also take all quizzes and tests upon returning to school.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Administrative Use Only:

Excused       Personal (maximum 2 per year)       Unexcused