CHAPELGATE CHRISTIAN ACADEMY PRE-PLANNED ABSENCE FORM / REQUEST FOR EXCUSED ABSENCES

Please note:

- Form must be turned into counselor <u>at least 2 weeks prior</u> to absence to request excused absences.
- Submission of a pre-planned absence form does not ensure that the absence(s) will be excused.
- Family vacations and trips are not excused absences and missed work is not permitted to be made up, nor submitted in advance.

Student Name	Grade	Date
Dates of school absence: from to	D Total # of days abse	nt:
Reason for requesting absence:		
Are you traveling? Yes No If	yes, where will you be traveling to?	
Parents please initial and sign:		
I have read the Early Departure and Final understand that there is a \$250 administr check payable to Chapelgate Christian Ac	ative fee for each rescheduled midter	m or final exam. I will attach a
If this absence is excused, I understand it and gather all necessary assignments and return to school.	· · · ·	
I understand that submission of this form	does not guarantee that absences wi	ll be excused or work made up.
I understand that my student is responsible for all assignments, tests, and quizzes for the dates listed above. I understand, if approved, my student will have one day per day of absence to make up missed work, and any work not turned in will result in a zero for each assignment.		
I understand that CCA does not allow virt tests/quizzes.	ual attendance for class lectures, activ	ities, assignments, or
Parent Signature	Parent cell phone	Date
FOR OFFICE USE ONLY		
Date received:	Counselor Name:	
Absences approved as excused?YesNo		

FOR OFFICE USE ONLY				
Student Name:	Grade:	Date:		
The student above has been approved for excused absences on the following dates:				
Deadline to make up work:	Counselor signature: _			

TEACHER NOTIFICATION APPROVAL OF EXCUSED ABSENCES

STUDENTS: Obtain teacher signatures, then return form to counselor by: ______

Period	Class	Teacher Signature
1		
2		
3		
4		
5		
6		
7		
8	Front Office – Mrs. Reid	

Student, please initial and sign:

understand it is my responsibility to meet with each of my teachers and gather all necessary assignments and materials prior to my absence.

I understand that I am responsible for all assignments, tests, and quizzes for the dates listed above. I understand I will have one day per day of absence to make up missed work, and any work not turned in will result in a zero for each assignment.

I understand that CCA does not allow virtual attendance for class lectures, activities, assignments, or tests/quizzes.

Student Signature