



ARLINGTON CHRISTIAN SCHOOL PRE-APPROVED ABSENCE REQUEST

This form must be returned to the office (2) full days prior to the expected absence.

Scholar Name: _____

Date(s) requested for absence: _____

Specific reason for absence: _____

Educational benefit: _____

Parent Signature: _____

Print Parent Name: _____ Date: _____

The *Parent/Scholar Handbook* states that absences will be excused for personal illness, illness or death in the immediate family, emergency medical or dental attention, or other legitimate emergency situations with documented evidence or proof. **ON OCCASION, SPECIAL ABSENCES MAY BE APPROVED WHEN WRITTEN REQUESTS ARE SUBMITTED TO THE OFFICE AT LEAST TWO (2) FULL SCHOOL DAYS IN ADVANCE.** All special requests must be specific in nature in order to be considered. The *Handbook* further states that the administration reserves the right to approve certain absences that are excused but “avoidable.”

Scholars must contact teachers in advance in order to turn in work UPON ARRIVAL to class the next time it meets. Assignments not turned in the day the scholar returns to class will be classified the same as if the absence were unexcused. Requests made in December and May will be scrutinized more closely and be less likely to be approved.

PERIOD	TEACHER SIGNATURE	ASSIGNMENT	DATE
1			
2			
3			
4			
5			
6			
7			

Date Received in Office: _____

Received by: _____

ADMINISTRATOR'S REVIEW

Request Approved Request Denied

Administrator's Signature: _____ Date: _____