



Grace Christian Academy *of* Maryland

PREPLANNED ABSENCE FORM

Request for Approval Instructions

Parent or Guardian,

At Grace Christian Academy we do not take absences from school lightly. Good attendance is important to academic achievement and a development of a strong personal foundation of self responsibility. We also recognize that no list of assignments is equivalent to the instruction a student receives in class. The parent, administration, teachers and the student share in the responsibilities of this process.

Section one of the preplanned absence form must be completed by the parent and submitted at least **two weeks** prior to the desired date(s) of absence. Once a decision has been made, section two will be signed by the secondary administrator and returned to the student.

It is the responsibility of the student to notify teachers by having them initial section three of the form and to obtain assignments that will be missed during the absence. Assignments that are given in advance must be submitted to the teacher(s) in a timely manner upon returning to school. The student is also responsible to initiate a personal contact with the teacher(s) after an extended absence to ensure that the work expectations of the teacher have been met.

After each teacher has initialed the form, the student is responsible to return the form to the school office. A copy of the completed form will be filed in the student's records.



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It is important to read the Request for Approval Instructions prior to completing this form.

Section 1, Preplanned Absence Form Information

To be completed by Parent/Guardian and submitted two weeks prior to date of request

Today's Date: _____

Student's Name: _____ Grade Level: _____

Dates of Absence(s): _____

Reason for Absence: *Please indicate how you think this trip or time will benefit your child.*

Parent signature

Date

Section 2, Submit for Administrative Approval *(To be completed by Administration only)*

Date Submitted to Office: _____

The preplanned absence request is

() Approved – Absent Excused () Disapproved – Absent Unexcused

Secondary Administrator Signature

Date

Section 3, Teacher Notification *(Student is responsible to obtain teacher initials)*

Teachers: Your initial/date below indicates that you are aware of the absence that has been requested and of the administration decision noted above.

_____ *Period 1* _____ *Period 2* _____ *Period 3* _____ *Period 4*
_____ *Period 5* _____ *Period 6* _____ *Period 7* _____ *Period 8*

I understand that this form must be returned to the office and will be filed in the student's records.