

WESTSIDE CHRISTIAN ACADEMY
PLANNED ABSENCE REQUEST

Please fill out this form whenever you are planning to take your child out of school for a day or more (ex: vacations, shadowing, medical reasons, etc.). **TURN THIS FORM INTO THE SCHOOL OFFICE. NOTE: WE ONLY NEED ONE FORM PER FAMILY.**

The school office will notify your child's teachers and request their daily assignments. Any work assigned will be given to the child before they leave on their planned absence.

Please give the office and teachers sufficient time to get assignments ready. A two week turn around time is requested although we know last minute plans do occur. In that case please turn this form in as soon as possible.

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

PLANNED ABSENCE PERIOD:

My child(ren) will be out of school starting on _____

They will return to school on _____

WE ARE REQUESTING THE ABOVE EXCUSED ABSENCE FOR THE FOLLOWING REASON:

PLANNED ABSENCE HOMEWORK POLICY:

I agree that any homework assigned ahead of the planned absence will be handed in on the first day back to school or it will not be accepted unless specified by the teacher.

PARENT SIGNATURE: _____

Office use only:

APPROVED: Admin. Assistant Signature: _____

Homework request forms given to each teacher.