

**PROVIDENCE CHRISTIAN SCHOOL
REQUEST FOR EXCUSED ABSENCE**

(Please complete and return to classroom teacher at least one week in advance of absence.)

Child's Name _____ Grade ____ Teacher _____

Date(s) requested to be absent _____

Reason for absence _____

Please provide details as to the educational value of this activity _____

Parent/Guardian's Signature

Date of Request

(To be completed by classroom teacher)

No. of absences in current quarter ____

No. of tardies in current quarter ____

No. of absences in current school year ____

No. of tardies in current school year ____

Is the child in good academic standing in all subject areas? Yes ____ No ____

If no, please explain _____

Major projects/tests/assignments that will be missed during the child's absence _____

Teacher's Signature

Date

(To be completed by administrator)

Child's absence is: Approved ____

Not Approved ____

Administrator's Signature

Date