

Central Texas Christian School
Pre-Approval Absence Request
2015-2016

Student Name: _____ Grade: _____

Reason for requesting absence: _____

Dates to be missed: _____

- Pre-approved Absence Form must be completed, signed, dated and returned to the office at least one week prior to the absence. In the event of a death in the family, the request will need to be completed prior to leaving. A parent may be required to meet with an administrator for absence approval.

Parent/Guardian Signature

Phone

Date

Student Responsibility

I assume the responsibility of acquiring and completing all missed work during my absence. I understand that all work missed during my absence will be due the day I return to school.

Student Signature

Date

Administration Signature

Date