CALVARY CHAPEL CHRISTIAN SCHOOL

ABSENCE APPROVAL FORM

Student Name:_____ Grade:_____

Dates of absence(s)_____ Total # of days_____

Please mark the reason for the absence(s):

_____school sponsored events

_____college visits (2 days for juniors; 3 days for seniors)*

_____bereavement (3 days)*

_____required court appearances*

_____a required parent conference is pending

_____suspension

_____long term documented illness with administrative approval*

_____other extenuating circumstances approved by administration*

*documentation required

By signing this form I understand that if approved by administration the documented absences marked above will not be included in the student's absence total. I understand that if the required documentation is not provided then the absences will not be approved. I also understand that the approval is completely at the discretion of the administration of CCCS

_____

Parent Signature Date

The absences listed above are : _____approved _____denied

_____

School Administrator Date

Our mission is to honor God by providing academic excellence while encouraging students to effectively integrate Biblical truth into their daily lives and impact the culture for Christ.

ACSI ACCREDITED

NAAS Northwest Association of Accredited Schools 1917