

# Bracken Christian School

## *MS/HS Pre-approved Excused Absence Request*

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date(s) of planned absence: \_\_\_\_\_

Reason to request absence be excused: \_\_\_\_\_

Signature of parent making request: \_\_\_\_\_

The information above must be completed before preliminary approval will be considered.

Preliminary approval granted by: \_\_\_\_\_ Date: \_\_\_\_\_

Present this form to the Principal for preliminary approval. Then the form must be completed by each teacher and returned to the office a FULL DAY before the date of the planned absence for final approval to be considered by the Principal. Failure to complete the form and turn it in to the office prior to the absence will result in the absence being considered unexcused. (The office will copy and return the original)

### Class Assignments

Pd	Assignment*	Due Date	Teacher's Signature
1			
2			
3			
4			
5			
6			
7			

\*If extra space is needed use back of form or make additional copies and attach to original.

\*\*Unless specified in the space above, all work is due upon return to school.

Absence will be: Excused / Unexcused.

Final Approval by \_\_\_\_\_ Date: \_\_\_\_\_