



Faith Christian School Absence Form for Grades 7th-12th

Turn in to the Administrator when completed.

Student Name: _____

Date of Notice: _____

Please check the appropriate box below:

Is late to school due to _____

Requests an early dismissal at _____ a.m./p.m. on _____ (date)
due to _____

____ Will drive themselves

____ Will be picked up

Will be absent on _____ (date). due to:
____ Medical ____ Bereavement ____ College/job visit ____ Family vacation
____ Other: _____

Parent Signature: _____

Date: _____

For full day or long-term absences: I have discussed this with my teacher(s) and have made arrangements to make up any work. Please have teacher initial below after you talk to them.

Student Signature: _____

Date: _____

____ Mrs. Vroom

____ Ms. Chesebro

____ Ms. Van Engen

____ Mr. Vander Veen

Comments:

Administrator Signature: _____

Date: _____

Excused

Unexcused/Tardy