Faith Christian School Absence Form for Grades 9th-12th

Turn in to the FCS Secretary 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 the teacher initial below after you talk to them.

Student Signature: _____ Date:_____

_____ Mr. Brummel _____ Mr. Vander Veen

_____ Mr. Regnerus

Comments:

Board Signature: _____ Date: _____

☐ Excused ☐ Unexcused/Tardy