



# WESTMINSTER ACADEMY

DEVOTED TO CHRIST • DEDICATED TO EXCELLENCE

## Grades K-6 Planned Absence

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_

REASON FOR ABSENCE \_\_\_\_\_

DATES REQUESTED: From \_\_\_\_\_ To \_\_\_\_\_ Inclusive

**STEP 1:** Fill out the top portion of form and sign.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

**STEP 2:** Take this form to all your teachers for their signatures **at least one week before** your planned absence.

| TEACHER | SUBJECT | MISSED ASSIGNMENTS | MISSED TESTS | COMMENTS | DATE |
|---------|---------|--------------------|--------------|----------|------|
|         |         |                    |              |          |      |
|         |         |                    |              |          |      |
|         |         |                    |              |          |      |
|         |         |                    |              |          |      |
|         |         |                    |              |          |      |

**STEP 3:** Teachers will return this form to the office for an administrator's signature. **Please complete this at least one week prior to the planned absence.**

Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_