

TRINITY CHRISTIAN HIGH SCHOOL
REQUEST FOR ADVANCE ABSENCE

Student Name _____

Date(s) of Absence (please submit this form at least 3 days before absence):

Dates you will miss school: _____

*Reminder: School attendance policy limits unexcused absences to 6 days and total excused absences to 15 days per semester before affecting grades. Exceptions will only be granted to students proactively communicating with teachers while planning and preparing their studies and assignments for **Warranted** education-related events. This form must be completed and returned to the Front Desk at least 3 days before the absence for consideration as a **Warranted Absence**.*

Will this absence be an educational activity that involves the active participation of the student?

- Yes**
- No**

Parent's Request:

Briefly state the reason for the absence:

Student's Request:

Briefly state how this activity will enhance your educational goals, spiritual life or cultural development:

Student Signature

Parent Signature

For Office Use Only

Absence is: _____ Excused
 _____ Unexcused
 _____ Warranted

Principal / Vice Principal Signature

Date