



KNOWN ABSENCE NOTIFICATION FORM

This form must be returned to the school office at least 5 school days prior to your child's planned absence.

Student Name: _____ Grade: _____

has requested absence from school on _____ (Dates)

for the purpose of _____ (Reason)

We, the parents/guardians of the above GCA student, feel that this absence request is absolutely necessary for our family unit and hereby authorize GCA to provide an alternate educational plan during the dates indicated above. We understand that our child will miss valuable information from classroom discussions and activities that will not be able to be made up. We also understand that assignments given will only reflect the planned lessons and available materials at the time of the request. We understand that any work not completed will result in a grade of "0" and that our son/daughter remains responsible for all class work missed during this absence.

Parent/Guardian Signature: _____ Date: _____ Phone: _____

6th – 12th grade students: Please list all the teacher(s)* to be notified of the planned absence.

Period	Subject	Teacher
1		
2		
3		
4		
5		

Period	Subject	Teacher
6		
7		
8		
9		
Other		

Please check if you are requesting advanced homework.

School Office Use Only

Attendance Record: _____

Comments/Concerns: _____

Date Received: _____

Teachers Notified

Administrator Signature: _____ Date: _____

Parent/Guardian notified by: _____ On: _____