UNITY CHRISTIAN SCHOOL

Request for Student Absence

Form must be submitted 2 weeks prior to the requested date
Return completed form to Mrs. Payne/Mrs. Mathis for approval
This form is used when a student is requesting to be absent from class for a reason other than a medical issue or family emergency.

Date: _____ Student Name: _____

Grade: _____ Date(s) of Absence: _____

Reason for Absence: _____

Number of absences to date: _____

Subject	Current Grade	Teacher Signature (a signature does not mean excused)

Please note: It is very unlikely that a student who is at risk of failing a course will be granted an excused absence for anything other than a medical issue or family emergency.

- Students who miss over 9 days during a semester are at risk of losing credit for a course. These requested days will count toward the 9 days.
- It is the student's responsibility to arrange with each teacher make-up of work missed during an **excused** absence.
- Students have **3 days** to make up missing work. Failure to turn in make-up work within the **3 day** period will result in a zero.
- Students will lose the opportunity to gain extra points on the final exam.

Administrator Signature: _____

Excused: _____ **Missing work must be completed by** _____
Un-Excused: _____ **Work CANNOT be made up**