

**Gaston Christian School  
Elementary Form  
TO REQUEST AN ABSENCE FROM SCHOOL**

This form must be completed by the student's parent/guardian and filed with the principal at least five days prior to the day(s) of absence.

STUDENT'S NAME: \_\_\_\_\_ TEACHER'S NAME: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ TEACHER'S NAME: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ TEACHER'S NAME: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_  
\_\_\_\_\_

DATE(S) OF REQUESTED ABSENCE: \_\_\_\_\_

BENEFIT FOR STUDENT(S): \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

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(THIS PORTION IS TO BE COMPLETED BY THE PRINCIPAL)

\_\_\_\_\_ APPROVED (COUNTED AS AN EXCUSED ABSENCE)

\_\_\_\_\_ NOT APPROVED (COUNTED AS AN UNEXCUSED ABSENCE)

\_\_\_\_\_  
PRINCIPAL'S SIGNATURE

\_\_\_\_\_  
DATE

\*NOTE: IF THIS REQUEST IS APPROVED, THE STUDENT IS RESPONSIBLE FOR REQUESTING MAKE-UP WORK FROM ALL TEACHERS **PRIOR** TO THE ABSENCE.