



Gaston Christian Middle School
 1625 Lowell Bethesda Road
 Gastonia, NC 28056

PLANNED ABSENCE REQUEST FORM

As per school policy, planned absences will be considered if this form is submitted at least one week in advance (exceptions will be made for emergency situations). The school can grant no more than 5 days per semester for a planned absence and the student must be in good standing with each teacher and not be in danger of exceeding the total number of absences allowed for the year. **Note: Parent is to fill in the top portion and then student is to have all his/her teachers complete their portion. Student should return the form to the Middle School Principal for approval.**

Parent's name: _____ Today's date: _____

Phone #'s: Work: _____ Home: _____ Other: _____

Student name: _____ Grade level: _____

Date(s) for which the absence is requested: _____

Brief explanation for the absence: _____

I understand that my student, if granted the absence, will be required to submit the make-up work in a timely manner as determined by each teacher.

Parent Signature

(For Office Use Only)

Instructions to the teachers: please indicate the number of tardies, absences, and whether or not you consider the student to be in good standing (academically and conduct).

(Good Standing -please circle YES or NO)

Period/Teacher	Tardies	Absences	Academic	Conduct
1. _____	_____	_____	YES NO	YES NO
2. _____	_____	_____	YES NO	YES NO
3. _____	_____	_____	YES NO	YES NO
4. _____	_____	_____	YES NO	YES NO
5. _____	_____	_____	YES NO	YES NO
6. _____	_____	_____	YES NO	YES NO
7. _____	_____	_____	YES NO	YES NO
8. _____	_____	_____	YES NO	YES NO

Approved Declined MS Principal: _____ Date: _____