



Gaston Christian School
Early Childhood 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 before the day(s) of absence.

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

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

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

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

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

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

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Teacher

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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