

**Gaston Christian High School**  
Planned Absence Request Form

As per school policy, planned absences will be considered if this form is submitted at least two weeks 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: Student is to fill in Period/Teacher, parent is to fill in the top portion. Student is to take the form to each class period for each teacher’s comment. The form is then returned to the high school office for the principal to either approve or decline. The school office will notify the student if the request has been declined.**

Parent’s name: \_\_\_\_\_ Today’s date: \_\_\_\_\_

Phone #'s: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

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 all make-up work on a timely basis as determined by each teacher. I understand that my child is required to see each teacher prior to the planned absence to get all work assignments that will be missed.*

\_\_\_\_\_  
Parent/Guardian 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).**

	Teacher	Tardies	Absences	Good Academic Standing		Good Conduct Standing	
				Yes	No	Yes	No
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 \_\_\_\_\_ Principal: \_\_\_\_\_ Date: \_\_\_\_\_