

Cincinnati Hills Christian Academy Armleder Campus

EXTENDED ABSENCE FORM

Parent/Guardian: Please complete this form at least one (1) week prior to your planned absence. This form is to be used for absences of three (3) or more school days. **Complete one form per student and return it to your child's homeroom teacher.** Based on your child's academic and attendance record to date, expect a positive reply within three (days). Thank you!

Student's Name (please print clearly) Grade Teacher's Name

Dates to be missed during extended absence: _____

Please state reason(s) for absence: _____

What are possible educational objectives that could be accomplished while your child is out of school?

Parent/Guardian Name (Please print clearly) Home Phone Other Phone Email address

Parent/Guardian Signature Date

FOR FACULTY/ADMINISTRATIVE USE

Teacher: List subject(s) where the student has a (C) or less average:

Subject	Grade Average	Teacher
_____	_____	_____
_____	_____	_____

Recommend for approval ☐ Yes ☐ No ☐ With reservations _____

Teacher: Initial here and submit to principal: _____

A copy of the signed form will be sent to the teacher, school nurse, and parent guardian. The teacher will provide any make-up work in advance of the absence.

Principal's Signature Date ☐ Approved ☐ Not Approved