

**CINCINNATI HILLS CHRISTIAN ACADEMY
EXTENDED ABSENCE FORM**

**Early Childhood Program (PK2-PK4)
Lower School (KPrep-3)**

Parent/Guardian: Please complete this form one (1) week before your planned absence. This form is to be used for absences of three (3) or more 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 reply in three (3) days or less.

Name of Student	Grade	Teacher
Dates of Absence		Number of school days gone

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 Number	Other Phone Number	Email Address
Parent/Guardian Signature	Date		

FOR FACULTY/ADMINISTRATIVE USE

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

Subject	Grade Average	Teacher

Recommended for approval? ☐ Yes ☐ No ☐ With reservations _____

Number of Days absent so far this year: _____

Teacher initial here and submit to principal: _____ Date: _____

A copy of the signed form will be sent to the teacher, school nurse and parent/guardian.

KPrep-3 - The teacher will provide any reasonable make-up work in advance of the absence.

Principal's Signature:	Date	<input type="checkbox"/>	<input type="checkbox"/>	
		Approved	Not Approved	

Teachers, after approval:

**PK – 3rd GRADE TEACHERS: PLEASE LEAVE THIS FORM IN ATTENDANCE FOLDER
AND AT THE FRONT DESK OF EACH PROGRAM UNTIL CHILD RETURNS TO SCHOOL**