

Monroe County Christian School  
Student Planned Absence Request

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Dates for Requested Absence \_\_\_\_\_

Reason for Absence \_\_\_\_\_  
\_\_\_\_\_

**Please choose one:**

- My student will complete any available homework before returning to school.  
 My student will complete missed work upon returning to school.

Parents/Guardians understand that Monroe County Christian School does not believe that prolonged planned absences are in the best interest of student academic instruction. Parents/Guardians agree that the student is responsible for completing missed assignments, making up missed projects and tests, and catching up with the class upon return. Teachers are not required to provide every assignment in advance. Classroom assignments can/do occasionally change from the original plans.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Teachers: Please sign as acknowledgment of receipt of this form and indicate homework availability.**

Teacher \_\_\_\_\_ Date \_\_\_\_\_  
 Homework/assignments/tests will be available early.  
 Homework/assignments/test will not be available early.

Teacher \_\_\_\_\_ Date \_\_\_\_\_  
 Homework/assignments/tests will be available early.  
 Homework/assignments/test will not be available early.

Teacher \_\_\_\_\_ Date \_\_\_\_\_  
 Homework/assignments/tests will be available early.  
 Homework/assignments/test will not be available early.

Student's Current GPA \_\_\_\_\_

**My signature is acknowledgment of receipt of this completed form.**

Kim Wright, Principal

\_\_\_\_\_ Date \_\_\_\_\_  
Parent Signature