

**“AAA”
Fairfield Christian Academy
Absences Arranged in Advance**

This form must be returned to the school office at least 5 school days prior to your child's planned absence.

Parent/Guardian

Student Name _____ Grade/HR Teacher _____

has requested absence from school on _____ Date(s)

for the purpose of _____

Reason

We, the parents of above student, feel that this absence request is absolutely necessary for our family unit and hereby authorize Fairfield Christian Academy to provide an alternate educational plan during the dates indicated above. We understand that our child will miss valuable information from classroom discussions and activities that will not be able to be made up. We also understand that assignments given will only reflect the planned lessons and available materials at the time of the request. We understand that any work not completed will result in a grade of "0" and that our son/daughter remains responsible for all class work missed during this absence.

Parent Signature _____ Date _____ Phone # _____

4th-12th grades students: Please list all the teacher(s)* to be notified of the planned absence.

Period	Subject	Teacher
1		
2		
3		
4		
5		

Period	Subject	Teacher
6		
7		
8		
9		
Other		

School Office

Attendance Record: _____

Comments/Concerns: _____

_____ Approved _____ Approved with Reservations _____ Not approved

Principal Signature _____ Date _____

*Teachers - please attach assignments or write "none" beside your name for assignments for this student for the dates listed above and return to the office by the end of the day on _____.

Parent notified by _____ on _____.

Revised 2011