



CHRISTIAN COMMUNITY SCHOOL FAMILY ABSENCE REQUEST FORM

For Office Use 3.0

Approved ___ Entered Into RenWeb ___ Copies to Listed Teachers ___
Original in Student File ___ Notify Family via Email ___

- Must be submitted at least 14 days before requested absence
- It is the student's or parent's responsibility to follow up with teachers to acquire work that will be missed and complete that work, to be turned in the **first** day back from absence.

Today's Date: _____

School Days (dates) To Be Missed: _____

Student(s) Name(s) & Grade Level(s)

1) _____ 2) _____ 3) _____

4) _____ 5) _____ 6) _____

Teachers' name(s) who have been notified:
(please notify teachers before turning in this request)

Parent Name: _____

Home Phone: _____ **Work/ Cell Phone:** _____

Reason For Student's Absence: _____

Parent Signature

Ms. Rachel Willis - CCS Principal

Date: _____