

Northshore Christian Academy

A Ministry of Northshore Christian Church

5700 – 23rd Drive West ~ Everett ~ WA ~ 98203

Phone: (425) 407-1119 Fax: (425) 407-1317 www.northshorechristianschools.org



Office use only:
Route to _____

REQUEST FOR STUDENT ABSENCE

To be completed by Parent/Guardian and returned to the principal at least TWO WEEKS prior to the absence.

Regular attendance is necessary if high standards of achievement are to be met. State law requires that all students come to school punctually and regularly. Each family may have up to five days of excused absences during the school year for family activities. A written request for more than five days must be submitted to the principal. More than five days adversely impacts student progress in the classroom.

Unexcused absence may result in loss of credit (0) that day (including tests, assignments due, etc.) Students must complete the work, however will not receive credit.

Student Name _____ Grade _____

Homeroom Teacher _____

Date(s) of Absence (Limit 5 excused days per year) _____

Purpose and reason for absence during scheduled school days: _____

Parent Signature _____ Date _____

Step 1: To be completed by Principal:

Student has to date: _____ **Excused absences** _____ **Unexcused absences**

_____ Approved Not Approved _____ Comments _____

Principal's Signature _____ Date _____

Step 2: To be completed by Teacher:

Name of Teacher: _____

_____ Academically, I approve that this student may miss school.

_____ Academically, I do not recommend this student miss school.

Comments: _____

All homework or make up work will be assigned **after** the student has returned to school.

(Teacher returns this form to the office)

Completed copies:

_____ Parents

_____ Original to student's permanent file