

Jefferson County Christian School
125 Fernwood Road
Wintersville, OH 43953

REQUEST FOR PRE-APPROVED ABSENCE

Permission may be granted for your student to be absent from school from 1-5 days, upon special request and approval by the Administrator. Prior to your child's absence, you must read, complete, and sign this form. The signed form should be submitted to the school office **two weeks prior** to the planned date of absence. The Administrator will then approve/deny the request. Failure to submit the form within the timeline may result in the absence not being pre-approved. The unexcused absence will result in an F grade for each subject. Should your plans change regarding this absence, please contact the JCCS School Office and inform them of the change.

Student's Name: _____ Grade: _____

Date of Absence(s) _____ to _____

Reason for Absence: _____

Parent/Guardian contact number for questions/verifications: _____

The student is responsible for the classwork missed during the absence. After returning to school, all assignments, quizzes, and tests must be completed and returned to the teacher(s) within one week. **Any incomplete assignments will be assigned an F grade.**

I/We have read the above conditions and agree to the terms stated above and will inform the school promptly if our plans change.

Parent/Guardian Signature *Date*

Student Signature *Date*

For Office Use Only:

_____ Absence is approved and will be considered excused.

_____ Absence is NOT approved and will be considered unexcused.

Administrator Signature *Date*

_____ *Notification given to the Faculty* *Date*

_____ *Notification given to the Family* *Date*