

TRAVERSE CITY CHRISTIAN SCHOOLS

PRE-ARRANGED ABSENCE NOTIFICATION (This form should be completed 2 weeks prior to the absence)

Student Name _____

Please excuse my child for the following days:

MONTH-DAY-YEAR

The reason for the absence is:

*For MS/HS families: We understand that the student is responsible for making up any allowable assignments and we further understand that teachers will assign any make-up work after the student returns to school. **I also understand that this absence will count towards my 7 allowed absences per semester.***

Parent Signature

Date

Student Signature

Date

Note to Parents Regarding Excused Absence Policy

1. It is strongly recommended that extended vacation periods be taken in accord with the school calendar.
2. A waiver may be requested in writing for extreme cases such as an extended illness (with Doctor's explanation) or a non-school related Mission trip and are subject to final approval.

For office use only

- Excused - Work may be made up (Days missed count toward 7/semester)
- Unexcused - Work may NOT be made up (Days missed count toward 7/semester)
- Special Waiver (Days missed DO NOT count towards 7/semester)

Current number of absences this semester _____

Administrator Signature

Date