

Kamehameha Schools Hawai'i Kula Waena School Leave Eligibility Form

Student: _____

Advisor: _____ Grade: _____

Leave Request Date(s): _____ to _____

Total # of School Days Missed: _____ Purpose: _____

Parent Signature: _____ Date: _____

***PARENTS:** Please complete the above portion. Then ask your Kumu to review and complete below, prior to submitting request to the Office. To be considered, requests must be received at least two (2) weeks prior to leave date, and student must be in good academic standing.

Teacher Signatures: Please initial next to your respective class to indicate notification of the student's upcoming absence and current academic standing. Please note any comments regarding this request.

PD	Teacher	Initial	Current Grade	Comments
Advisory				
Period 1				
Period 2				
Period 3				
Period 4				
Period 5				
Period 6				
Period 7				
Period 8				

Administrator's Signature: _____ Date: _____

FOR OFFICE USE ONLY - Form Received:		<input type="checkbox"/> COMPLETE _____	<input type="checkbox"/> INCOMPLETE _____
<input type="checkbox"/> ATTENDANCE SUMMARY ATTACHED	ATTENDANCE _____	TOTAL "SLE" DAYS USED _____	
<input type="checkbox"/> APPROVED	Parent Contacted: Name _____	Date _____	
<input type="checkbox"/> DENIED	Phone _____	Email _____	Letter _____