

REQUEST FOR STUDENT ANTICIPATED ABSENCE

Student Name: _____ Student ID# _____

Team Name: _____ Grade: _____

Parent/Guardian _____ Contact phone number: _____

Type of Absence: _____ # of school day student will be absent: _____

Date(s) student will be absent from school FROM: _____ TO: _____

List name of Teachers from which student will be missing class:

| | |
|------------------------|---------------------|
| <i>English:</i> | <i>Elective:</i> |
| <i>‘Ōlelo:</i> | <i>Exploratory:</i> |
| <i>Science:</i> | <i>Guidance:</i> |
| <i>Social Studies:</i> | <i>PE:</i> |
| <i>Math:</i> | <i>Religion:</i> |

Any additional comments regarding absence: _____

Parent/Guardian Signature: _____ **Date:** _____

Approval/Notification (FOR OFFICE USE)

Approved: _____ Date: _____

Office notes:

Date received by KMS Office _____

Notified : Student ____ Teachers ____ Counselor ____ Administration ____ Attendance ____