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:

<table>
<thead>
<tr>
<th>English:</th>
<th>Elective:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ʻŌlelo:</td>
<td>Exploratory:</td>
</tr>
<tr>
<td>Science:</td>
<td>Guidance:</td>
</tr>
<tr>
<td>Social Studies:</td>
<td>PE:</td>
</tr>
<tr>
<td>Math:</td>
<td>Religion:</td>
</tr>
</tbody>
</table>

Any additional comments regarding absence: ______________________________________

__________________________________________ Date: ______________

Parent/Guardian Signature: ___________________________ Date: ______________

Approval/Notification (FOR OFFICE USE)

Approved: ____________________________ Date: ____________

Office notes:

________________________________

Date received by KMS Office ________________

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