REQUEST FOR STUDENT ANTICIPATED ABSENCE

| Student Name: | Student ID# | |
|----------------------------------------|-----------------------------------------|--|
| Team Name: | Grade: | |
| Parent/Guardian | | |
| Type of Absence: | # of school day student will be absent: | |
| Date(s) student will be absent from sc | chool FROM: TO: | |
| List name of Teachers from | n which student will be missing class: | |
| English: | Elective: | |
| 'Ōlelo: | Guidance | |
| Science: | PE: | |
| Social Studies: | Religion: | |
| Math: | Other | |
| | | |
| Parent/Guardian Signature: | Date: | |
| Approval/Notification (FOR OFFICE USE | E) | |
| Approved: | Date: | |
| Office notes: | | |
| | | |
| | | |
| | | |
| | | |
| Date received by KMS Office | | |
| Notified: Student Teachers (| Counselor Administration Attendance | |