KES School Leave Form

Please submit this form to the KES Office at least two weeks prior to planned absence to allow time for the request to be reviewed prior to the leave date. KES Administration will contact the requester once it has been reviewed.

To be completed by: **PARENT/GUARDIAN**
Submit to KES Office

Student's Name: _____ Grade: _____ Room: _____

Homeroom Teacher: _____

Request Leave From: _____ to _____ Total # of school days missed: _____

Purpose: ☐ Funeral ☐ Medical ☐ Vacation

Please explain: _____

_____

I understand that the school discourages the scheduling of travel, family vacations and absences similar in nature that result in removing children from classroom learning. By signing below, I acknowledge the following: (1) The school and/or teacher cannot assume responsibility for the lapse in progress resulting from missed in-class instruction and homework, (2) teachers are not required to provide advance assignments or any missed instruction, and (3) this will be documented as an absence.

Parent/Guardian Name: _____ Email: _____

Parent/Guardian Signature: _____ Date: _____

To be completed by: **HOMEROOM TEACHER**
Submit to KES Office

Please note any concerns you may have regarding the student's requested absences:

_____

_____

Classes to be missed:

☐ Reading
☐ Writing
☐ Math
☐ Social Studies
☐ Science
☐ Christian Education
☐ ʻŌlelo a Moʻomeheu Hawaiʻi
☐ Performing Arts
☐ Art
☐ PE
☐ Passion Pathways
Kumu: _____

To be completed by: **KES OFFICE**

Date Leave Request Received: _____

Current Attendance Summary

Total Absences = _____							
Ill	Medical	Funeral	Excused	Unexcused	Suspension	Vacation	Unverified

Total Tardies = ____	
Excused	Unexcused

Date(s) of Prior Requests: _____

Previous Attendance Summary

Grade Level	**K**	**1**	**2**	**3**	**4**	**5**
Absences						

To be completed by: **ADMINISTRATOR**

Communication Method: ☐ Email ☐ Phone Call ☐ In-Person

Reviewed by: _____ Date: _____