

**Kahuku High and Intermediate School
Request for Extended Absence Form
SY 2019-2020**

Student: _____ Grade: _____ Date: _____

Sibling(s) submitting a request form: ___ Yes ___ No If Yes, please indicate grade levels: _____

Parent/Guardian: _____ Phone: _____ Email: _____

Absence Start Date: _____ Absence End Date: _____ Total # of Days: _____

Reason for the request:

Approval from grade level administrators is required for ***Non-School Related Excused Absences*** for a minimum of four and a maximum of 10 consecutive days for the reasons listed below. **Requests must be submitted to the grade level counselor at least 10 days prior to the planned absence(s). Absences during Finals Week, or the last five days of semester one and semester two, will not be approved.** Students are expected to be passing all classes and may be required to submit documentation of acceptance/registration/experiences for requests.

- Educational Trips/Programs
- College or Post High Recruitment/Visitations
- Competitions/Camps/Clinics
- Family Deaths/Emergencies
- Family Trips

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Grade Level Counselor Signature: _____ Date: _____
(Timestamp prior to student routing to teachers)

Please have teachers complete the information below and return form to Grade Level Counselor:

Period	Subject	Letter Grade	Teacher	Signature	Date
1					
2					
3					
4					
5					
6					
7					

*Teachers are only required to provide work for approved requests, teachers determine when the make-up work will be provided, and teachers are not required to provide students with additional instruction beyond Action Period assistance to complete make-up work. Students are responsible for requesting/acquiring make-up work and attending Action Period for necessary assistance.

Request Approved _____ Request Not Approved _____

Reason/Notes: _____

Administrator Signature: _____ Date: _____

OFFICE USE ONLY			
Date Received:	_____		
Date Parent/Guardian Notified:	_____	In Person _____	Phone _____ Email _____
Date GLC Submitted to Attendance Clerk:	_____	Signature:	_____
Date Received by Attendance Clerk:	_____	Signature:	_____