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:

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<tr>
<th>Period</th>
<th>Subject</th>
<th>Letter Grade</th>
<th>Teacher</th>
<th>Signature</th>
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</table>
*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: __________________