

# ANTICIPATED ABSENCE FORM

## BOWLING GREEN CHRISTIAN ACADEMY

1165 Haskins Road  
Bowling Green, OH 43402  
P: 419-354-2422  
F: 419-354-0232



**NOTE:** For anticipated absences, an "Anticipated Absence Request" form or a signed and dated note stating time, date and duration as well as reason for absence must be received by the office at least 2 days prior. For an extended absence, the request must be submitted at least 1 week prior. Parents will be notified regarding the approval status.

**Excused Absences:** Personal illness or injury, medical appointments, death of a relative, or family emergency constitute excused absences. Other special needs may be excused with administrative approval.

Please review the Parent/Student Handbook, Article VIII – Attendance Policy, pages 6-8 for important related information. IE make-up work, etc.

Student's Name (s): \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade/Subject: \_\_\_\_\_

Date(s) of Absence: \_\_\_\_\_

If Partial Day: Time Leaving \_\_\_\_\_ Time Returning \_\_\_\_\_

Reason for Absence \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Statement: I have reviewed the Parent/Student Handbook , Article VIII – Attendance Policy, pages 6-8 and will follow up accordingly.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Comments \_\_\_\_\_

**FOR OFFICE USE ONLY**

Teacher Response w/Initial \_\_\_\_\_  
\_\_\_\_\_

Date of Parent Notification w/Initial \_\_\_\_\_ Routing \_\_\_\_\_

Approved  Unapproved Authorization \_\_\_\_\_ Date \_\_\_\_\_