REAL CHRISTIAN ACADEMY PRESCHOOL

Student Request for Absence Form

To help us maintain accurate attendance records and ensure the safety and well-being of all students, parents/guardians are asked to submit this form for planned absences whenever possible.

Student Information

Student Name: _____

Class/Teacher: _____

Parent/Guardian Name: _____

Phone Number: _____

Absence Information

Date(s) of Absence:

From: _____ To: _____

Reason for Absence:

_____

_____

_____

Parent/Guardian Acknowledgment

I understand that notifying the school of my child's absence helps ensure accurate attendance records and classroom planning. I agree to notify the school if the absence dates change.

Parent/Guardian Signature: _____

Date: _____

_____