



# VICTORY CHRISTIAN ACADEMY

THE CENTER FOR LUTHERAN EDUCATION



## Absence Request Form

This form must be completed by each student requesting absence from school. Please submit this form to the school office at least one week in advance. The school will make a decision and notify you accordingly.

Today's Date: \_\_\_\_\_

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

Dates Absent: \_\_\_\_\_ to \_\_\_\_\_

Purpose for Absence: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School's Comments/Recommendations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Approved**       **Denied** (Reason: \_\_\_\_\_)

Signature: Principal or Executive Director \_\_\_\_\_ Date: \_\_\_\_\_