



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: _____