

KAMEHAMEHA SCHOOLS Kapālama Middle School

REQUEST FOR STUDENT ANTICIPATED ABSENCE

Student Name: _____ Student ID# _____

Team Name: _____ Grade: _____

Parent/Guardian _____ Contact phone number: _____

Type of Absence: _____ # of school day student will be absent: _____

Date(s) student will be absent from school FROM: _____ TO: _____

List name of Teachers from which student will be missing class:

<i>English:</i>	<i>Elective:</i>
<i>Math:</i>	<i>Exploratory:</i>
<i>Science:</i>	<i>Guidance:</i>
<i>Social Studies:</i>	<i>PE:</i>
<i>Hawaiian:</i>	<i>Religion:</i>

Any additional comments regarding absence: _____

Parent/Guardian Signature: _____ **Date:** _____

Approval/Notification (FOR OFFICE USE)

Approved: _____ Date: _____

Office notes:

Date received by KMS Office _____

Notified : Student _____ Teachers _____ Counselor _____ Administration _____ Attendance _____