

PROVIDENCE CHRISTIAN HIGH SCHOOL

Pre-Approved Absence Trip Request

Student's Name _____ Grade _____

Date(s) of Absence _____

All PCHS students are limited to five (5) absences per class per quarter. The absences for this trip, will bring your total for this quarter to _____ days. Any absence in excess of the five (5) allotted days will result in a 1% reduction in the quarter grade in each class. Excused absences for family trips will not be allowed during standardized test days, or end of semester exams.

Teachers: The parents of this student have requested that the student be allowed to be absent from school on the indicated dates. Please note the work that will be missed, tests or quizzes that must be rescheduled, assignments that can be completed during the absence, and any comment regarding the absence,

Class	Comment and/or Assignment

STUDENTS: THIS FORM MUST BE RETURNED TO THE OFFICE BEFORE YOU LEAVE FOR YOUR TRIP.

Parent Signature

Student Signature

Administrator Signature