SEASIDE
CHRISTIAN ACADEMY

Parent: _____ Today's Date: _____

Student Name(s):

Reason for absence: _____Please circle one: Anticipated/unanticipated

Dates of absence: _____ to _____

Please circle all teachers that need to be notified:

Mr. McElroy	Mrs. Pollmeier	Mrs. Purnell	Ms. James	Mrs. Shockley	Ms. Thorp	Mr. Davis
Mrs. Bentley	Mr. Bentley	Mrs. Coyman	Mrs. Cashman	Mrs. Chute	Mrs. Collins	Mrs. Woodward
Mrs. Gebhardt	Mrs. Davis	Mrs. Dellies	Mrs. Iman	Mrs. Evans	Mrs. Smullen	Ms. Emily

NOTE: If anticipated please submit this form at least <u>two weeks</u> prior. Teachers need time to prepare assignments for your child(ren). For anticipated absences, it is the responsibility of the student to obtain all make-up work. Students may have two days to complete and turn in their homework for each day absent. As a reminder students are allowed 15 unexcused absences or twenty absences of any combination can cause a student to be considered for retention within a grade level, failure of a course, demanded ancillary tutoring, demand non-traditional timed schooling, or demand other administrative recommendation. Student work not made-up in the expected time frame will be considered incomplete, and students may expect to receive a penalty for incomplete work (ex. receive a zero for the assignment missed). Please refer to your Student Handbook for more information.

How many absences will this bring your student to: _____

Parent Signature: _____ Date: _____

Step 1. SCA Office Staff: Please note absences in FACTS SIS. If there is more than one child in the family, make a copy of this form for each student that will be absent and give it to their teachers. If a student has more than one teacher, please list the teachers under the office signature line. Finally, please notify all special area teachers of the absence. Thank you!

Office Staff Signature: _____Date Received: _____

Step 2. Teachers: Please note the dates of the absence on your calendar. Office staff will note attendance in FACTS SIS. If you are not the student's only teacher, please give this form to the next teacher on the line above. Once all teachers have signed, this form must be returned to the office. Thank you!

Teacher Signature: _____ Date: _____
Additional teachers (if necessary)

Teacher Signature: _____ Date: _____
Teacher Signature: _____ Date: _____
Teacher Signature: _____ Date: _____
Teacher Signature: _____ Date: _____
Teacher Signature: _____ Date: _____
Teacher Signature: _____ Date: _____

Step 3. Office staff: Please file this form with other absence notes for the appropriate month. Thank you.