



Seffner Christian Academy

Pre-arranged Absence

Student Name: _____

Grade: _____ Homeroom Teacher: _____

The above named student request permission to be absent from school on the following day(s): _____

REASON: _____

Parent/Guardian Signature

Date

1. Complete top portion and present to principal for re-approval at least **3 DAYS PRIOR** to the anticipated absence.
2. Principal will give to Teacher (elementary or Front Offices(secondary) for recording of excused absence in RenWeb.
3. Secondary ONLY– High School Administration will contact teachers by email to inform of absence.
4. Student and parent should check RenWeb for make up assignments the week of absence.
5. Failure to complete properly will result in student receiving an unexcused absence for this time period.
6. It is the students responsibility to obtain and return any school work missed while absent. All work needs to be turned in the day student returns to school.
7. Parents will be contacted ONLY if absence has not been excused. Please check RenWeb "attendance" to verify excused absence.

**Students are allowed eight (8) absences per semester without academic penalty, unless ab-

For Office Use:

1. Admit Approval

Elementary Principal: _____

Date: _____

Secondary Principal: _____

Date: _____

2. Teacher or Front Offices logged absence in RenWeb

Date: _____

3. SECONDARY ONLY– Teachers emailed by Dean

Date: _____

Comments: _____
