FIRST BAPTIST ACADEMY

Student Leave Request Form

Please complete and return this form to your child's teacher one (1) week prior to your planned absence. Based on the number of school days missed and your child's academic needs, expect a reply within three (3) days or less. Please complete one form per student.

_____	_____	_____
Name of Student	Grade	Teacher

_____	_____
Dates of Absence	# of Days Missed

Please state reason(s) for absence:

_____

_____

_____

_____

_____

_____	_____	_____
Parents Signature	Date	Principal/Administrator