



EDEN CHRISTIAN ACADEMY

Special Circumstances Absence Request: Mt. Nebo Campus

Please provide **2 weeks notice** to the school when requesting permission for a special circumstance absence.

Student Name (Please print):	Grade:
Parent/Guardian Names:	
Anticipated Dates Missed: ____/____/____ through ____/____/____ Total number of school days: _____	
Reason for Special Circumstances Absence Request: _____ _____ _____	
Note for parents and students: <i>It is your responsibility to notify teachers of your absence. Students are still responsible for all work missed regardless of administration pre-approval. It is recommended that students complete as much work as possible before the scheduled absence. Upon return, students must turn in all make-up work within the number of days that were missed.</i>	
Parent Signature:	Date:
For office use only	
Administrator Signature:	Date: