



ROCKSOLID

HIGHER STANDARDS FOR A HIGHER CALLING

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PRE-PLANNED EXCUSED ABSENCE FORM

Student Name _____ Grade _____

Please indicate the dates (on campus and at home) that the student will be unable to work on his/her assigned coursework. Use a separate form for each week the student will be absent and send the completed form(s) in the student's communication folder as soon as possible prior to the planned absence.

Day	Date	Reason for Absence
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Please provide the names of all the student's teachers and the courses they are taking. **IMPORTANT: ONLY** those teachers listed below will be notified that this absence has been excused.

	Course Name	Teacher Name
1		
2		
3		
4		
5		
6		
7		

I verify that the above information is accurate and understand that my student is responsible to request his/her assignments from the teaching staff prior to this planned absence. I am aware that the Rock Solid Christian Academy staff will not be responsible for providing this information to the student.

Parent's Signature _____ Date _____