



United Faith Christian Academy Scheduled Absence Notification

Student's Name: _____

Planned Dates of Absences: _____

Reason for Absences: _____

By signing you are acknowledging that it is your responsibility to check Sycamore and **speak to your teacher(s) for all assignments and classwork that you will miss during your absences. All teachers must initial below before you submit this form to the office.** Furthermore, you are agreeing that you will abide by the UFCA policy on make-up work (see below).

UFCA Parent/Student Handbook, page 23

"...make-up must be done promptly, and the initiative for commencing and completing make-up work rests with the student. Work must be made up within two days upon returning to school. If the work is not made up within two days, an "F" grade will be recorded. Long-term excused absences may be an exception to this two-day policy. If a student is present the day an assignment is given, the assignment must be handed in the day the student returns."

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Forms must be turned in to the Academy Office **at least one day prior to the scheduled absence.**

English Teacher _____

Science Teacher _____

Math Teacher _____

History Teacher _____

Bible Teacher _____

Elective Teacher _____

Foreign Language Teacher _____