



Pre-Approved Absence Request Form Middle/High School

Parkway Christian School 14500 Metropolitan Parkway
Sterling Heights, MI 48312 (586) 446-9900
www.parkwaychristian.org

***Please complete this form and return it to the MS/HS office
at least TWO weeks in advance of absence***

Name of Student _____ Grade Level _____

Subject/Teacher: _____

Subject/Teacher: _____

Subject/Teacher: _____

Subject/Teacher: _____

Subject/Teacher: _____

Subject/Teacher: _____

Date(s) of Requested Absence _____

Reason for Absence _____

I have discussed this absence with the teacher and will make arrangements
to make up work and/or tests missed during this absence.

Student Signature _____

Parent/Guardian Signature _____

Administrator Signature _____

**Upon completion of all required signatures, please return this form to the MS/HS
office. Teachers will include this form with the applicable weekly attendance
sheet.**

Parkway Christian School

Challenging Minds ♦ Capturing Hearts ♦ Cultivating Gifts