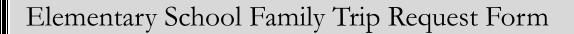
Calvary Christian Academy





Student Name: _		Today's Date:
Grade:	Homeroom Teacher:	
Reason for loss o	f school days:	
Dates child will n	ot be in school:	to
Subject	Comments	
Administrator's re	emarks:	
		or departure is expected to be completed strip. If this is going to be a problem,
		out a plan between the two of you.
Signature of Administrator		Signature of Parent