4300 Cherry Bottom Road P.O. Box 30745 Gahanna, Ohio 43230 Phone 614 475 2311 Fax 614 475 0396 columbusacademy.org

## PARENT REQUEST FOR FULL DAY ABSENCE

(Two weeks advance notice required.)

Student Name:	
Parent Name:	
Classroom Teacher:	
Date of Requested Absence:	
Reason for Absence:	
Reason for Absence.	
	Parent Signature
	Date
Classroom Teacher Signature	
Division Head Signature	
Head of School Signature	
ExcusedUnexcused	Conference needed