



1845 West US 40 * Brazil, IN 47834
(812) 446-4416
office@ccabrazil.org

Parent(s),

Attached is a copy of our new Cornerstone Student "**REQUEST FOR LEAVE OF ABSENCE**" form.

Absences should be reserved for illnesses, family emergencies, and medical appointments that cannot be scheduled after school hours.

CCA policy states that all students have one (1) day to make up any tests, quizzes, or work for each day missed. Example: If your student misses two days of class time, they have two days to complete all work once they return to school. All tests announced before absences must be made up upon the student's return to school.

Students are responsible for getting make-up work from the teacher.

This form must be completed at least one (1) week before any planned absence of 3 days or more. This form will be given to the office staff and then used to inform your student(s) teachers of any extended absence and will allow time for our staff to prepare any homework needed in advance. If you have any questions or concerns, please contact the office, and we would be glad to help you in any way possible.

Mrs. Dowers

Principal



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**Cornerstone Student
REQUEST FOR LEAVE OF ABSENCE**

School attendance is necessary for adequate learning. Because our curriculum is fast-paced, we recommend that students not miss any school except when necessary. **NO TUITION REFUNDS ARE MADE BECAUSE OF AN ABSENCE.**

1. All requests for a leave of absence from school of **3 days or more** must be submitted in writing and require the approval of the Principal.
2. All requests must be submitted no later than one (1) week in advance.

Name of all students in the family to be absent: _____

Please check the appropriate space:

- ____ Bereavement Leave
- ____ Illness/Family Illness Leave
- ____ Family Vacation
- ____ Other (Please Explain) _____

Date(s) requested: _____

For Office to Complete:

Previous Number of Days Missed This School Year: _____

Parent's Signature: _____ Date: _____
Teacher's Signature: _____ Date: _____
Principal's Signature: _____ Date: _____

Once approved, a copy will be sent home with a plan of action for work missed.
Parents and all teachers involved will receive a final copy.