



Christian Academy of Knoxville Absence Request Form

This form must be submitted fourteen days prior to date of your trip.

Student Name _____ Date Submitted _____

Teacher _____ Grade Level _____

Destination _____

Purpose of Trip: Vacation Mission Trip Other _____

Date(s) of Trip: Leave on _____ Return to CAK on _____

Name of Adult(s) conducting trip _____

This request, which I have submitted for your approval, is based on an understanding and acceptance of the ATTENDANCE POLICIES in the Christian Academy of Knoxville's Parent Student Handbook.

Signature of Parent or Guardian

**Consistent attendance is vital in promoting academic achievement. School officials do not encourage absence from school for any reason. This form will be reviewed and returned to you.

--For School use only--

Acknowledgement and comments of faculty and/or administration: _____

Signature of Teacher

Date

Signature of Principal

Date

_____ Approved

_____ Disapproved