



Myron B. Thompson Academy
 629 Pohukaina St., Ste # 3, Honolulu, Hawaii 96813
 (808) 441-8000 (808) 586-3640 FAX
 www.ethompson.org



NOTIFICATION OF ABSENCE FORM

This completed form must be **submitted 2 weeks** prior to the departure date.

Student Name: _____ **Date:** _____

Grade level: _____

All students requesting a leave of absence for **vacation or family emergencies** during the school year must submit this form *2 weeks* prior to the departure date. Written notice must be signed by a parent or guardian. Leave of absence should be avoided during finals and standardized testing.

Students must notify their teachers and ARE responsible for all work due.

EXTENSIONS WILL NOT be granted. Mail or fax (808-586-3640)

TERM: 1 2 3 4 (Please circle the term during which the absence will take place in)

COURSE TITLE	TEACHER
_____	_____
_____	_____
_____	_____
_____	_____

Date of departure: _____ **Return Date:** _____

Description of leave: _____

Contact Information (Person to contact, Cell phone, phone # at destination, email, etc.)

I understand that this notification of absence does not excuse my child from the assignments that are scheduled. My child will either complete all assignments on time or before the due date. We will keep in contact with all teachers and counselors during our absence. We are will not be scheduling any leave during finals or any standardized testing.

_____ **Print or type Parent's /Guardians Name** _____ **Parent's/Guardian's Signature** _____ **Date**