

**Columbia Adventist Academy  
Pre-Arranged Absence**

Name \_\_\_\_\_ Date(s) of Absence \_\_\_\_\_

Reason for Absence \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Administration Signature \_\_\_\_\_

Parent's Signature \_\_\_\_\_

(All information above must be completed before form is given to teachers.)

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Class	Comments	Teacher Signature

On-campus Work Supervisor's Signature \_\_\_\_\_

FOR OFFICE USE ONLY (see CAA Attendance Policy)
UNEXCUSED _____ EXCUSED _____ RECORDED _____