Great Lakes Adventist Academy ADMINISTRATIVE COMMITTEE REQUEST FORM

NAME:				TODAY'S DATE:			
Request:							
Date of Request:		Date Leaving		Date Returning:			
	Time Leav		Date Returning				
Method of Transportation:					Drive	er:	
	ARRAN	JCEMENTS	MADE W	ITH TEACHERS I	FOR	CLASSES MISSED	
Name(s) of class(es) to be missed		Teacher's signature acknowledging request		Will the student have the opportunity to make up work for full credit?		Teacher remarks	
1		1		1. Yes No N/A	1		
2		2		2. Yes No N/A	2		
3		3		3. Yes No N/A			
4		4		4. Yes No N/A	4		
5		5		5. Yes No N/A			
6		6		6. Yes No N/A			
Student Signature:				Date:			
Work Supervisor Signature:						Date:	
Aerokhanas or Music Instructor Signature:					Date:		
Parent Signature:						Date:	
				IITTEE ACTION for office use only)			
APPROVED:			DENIED:	DENIED:		TABLED:	
REMARKS:							
ADMINISTRATIVE SIGNATURE:					Date:		