

Great Lakes Adventist Academy
ADMINISTRATIVE COMMITTEE REQUEST FORM

NAME:		TODAY'S DATE:	
Request:			
Date of Request:	<i>Date Leaving</i>	<i>Date Returning:</i>	
	<i>Time Leaving</i>	<i>Time Returning</i>	
Method of Transportation:		Driver:	

ARRANGEMENTS MADE WITH TEACHERS FOR CLASSES MISSED			
<i>Name(s) of class(es) to be missed</i>	<i>Teacher's signature acknowledging request</i>	<i>Will the student have the opportunity to make up work for full credit?</i>	<i>Teacher remarks</i>
1. _____	1. _____	1. Yes No N/A	1. _____
2. _____	2. _____	2. Yes No N/A	2. _____
3. _____	3. _____	3. Yes No N/A	3. _____
4. _____	4. _____	4. Yes No N/A	4. _____
5. _____	5. _____	5. Yes No N/A	5. _____
6. _____	6. _____	6. Yes No N/A	6. _____
7. _____	7. _____	7. Yes No N/A	7. _____

Student Signature:	Date:
Work Supervisor Signature:	Date:
Aerokhanas or Music Instructor Signature:	Date:
Parent Signature:	Date:

COMMITTEE ACTION

(for office use only)

APPROVED:	DENIED:	TABLED:
REMARKS:		
ADMINISTRATIVE SIGNATURE:		Date: