



The Primacy Collegiate Academy

Class Schedule Adjustment Request

Name _____ ID# _____ Semester _____ Year _____

I am requesting that I be excused from the appointments(s) as identified and explained below. I realize that I must be active in keeping up with the details of school life that I may miss as a result of my proposed absence.

If my request is approved each of the following applies: (*Initial each item listed below*)

___ **I will be responsible for all school announcements given during my absence.**

___ **Except as employed on the Primacy campus, I will not be anywhere on the Primacy campus during the times requested below.**

___ **I will attend the appropriate study hall when I am on the Primacy campus.**

___ **My parents/guardians/work supervisor may withdraw this request at any time necessary.**

___ **This request terminates on (date) _____ or at the end of the semester.**

My request and the reason is

Initials	Period Absent	Requested Location

Signed: Student: _____

Date: _____

Parent/Guardian: _____

Date: _____

Principal: _____

Date: _____

All Requests Will Be Verified By A Phone Call To the Parents Before the Request Is Granted.