

ANDREWS 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 academy 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 Andrews Academy campus, I will not be anywhere on the AA campus during the times requested below.
- \_\_\_ I will attend the appropriate study hall when I am on the Andrews Academy campus.
- \_\_\_ My parents/guardians/work supervisor may withdraw this request at any necessary time.
- \_\_\_ I realize that attendance at morning devotions and chapel/assembly is required if I have any class adjoining those periods.
- \_\_\_ This request terminates on (date) \_\_\_\_\_ or at the end of the semester.

\*My request and the reason is \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*You must have a work supervisor's signature if you are requesting to work during any of the periods arranged below.  
 Initial specific period(s) for which you are requesting the absence:

Initials	Period Absent	Requested Location	Location Signatures
	8:00		
	8:55		
	9:20		
	10:15		
	11:10		
	12:05		
	12:35		
	1:00		
	1:30		
	2:25		

*Printed:* Student \_\_\_\_\_ Date \_\_\_\_\_  
 \*Work Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
 Study Hall Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
*Signed:* Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
 Vice Principal \_\_\_\_\_ Date \_\_\_\_\_