

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 _____