

ANDREWS ACADEMY
Class Schedule Adjustment Request

Name _____ ID# _____ Semester _____ Year _____

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

If my request is approved, each of the following applies: (READ and initial each item listed below.)

- ___ I will be responsible for all school announcements given during my absence.
- ___ Except if employed on the Andrews Academy campus, I will not be anywhere on the AA campus during the times requested below, and will sign out/in at the front desk.
- ___ Failure to sign out/in at the front desk may affect my attendance.
- ___ I will attend the appropriate study hall when I am on the Andrews Academy campus.
- ___ Signing out for lunch & bringing outside food onto AA campus to eat is NOT allowed.
- ___ My parents/guardians/work supervisor and the administration of Andrews Academy 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 before or after those periods.
- ___ This request terminates on (date) _____ or at the end of this semester _____.

*My request and the reason is:

*You MUST have a study hall/work supervisor's signature if you are requesting to work during any of the period(s) arranged below. Initial the specific period(s) for which you are requesting the absence.

Initials	Period to be Absent	Mon	Tues	Wed	Thurs	Fri	Requested Location	Parent/Guardian/Work Signature
	8:00							
	Devotions							
	9:20							
	10:15							
	11:10							
	12:05							
	12:35							
	1:00							
	1:30							
	2:25							

PRINT Signature: Student _____ Date _____

SIGNED Signature: *Work Supervisor _____ Date _____

*Study Hall Supervisor _____ Date _____

Parent/Guardian _____ Date _____

Principal _____ Date _____