

Kamehameha Schools Hawai'i Kula Waena School Leave Eligibility Form

Student: _____

Counselor: _____ Grade: _____

Leave Request Date(s): _____ to _____

Total # of School Days Missed: _____ Purpose: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

***PARENT:** Please complete the above portion. Notify MS Office at 982-0420 of absence(s).
***STUDENT:** Take this form to your Kumu to ask for their review and sign below. Once form is complete, turn the form in to the MS Office. To be considered, requests should be received at least two (2) weeks prior to leave date, and student must be in good academic standing. For Out of State Travel, please check and follow all current County Guidelines.

***KUMU:** Please initial next to your respective class to indicate notification of the student's upcoming absence, current academic standing and any comments.

<u>Subject</u>	<u>Kumu Signature</u>	<u>Current Grade</u>	<u>Comments</u>
English			
Elective			
Hawaiian			
Math			
Science			
Social Studies			
PE			
Counselor			

Administrator's Signature: _____ Date: _____

FOR OFFICE USE ONLY - Form Received:		<input type="checkbox"/> COMPLETE _____	<input type="checkbox"/> INCOMPLETE _____
<input type="checkbox"/> ATTENDANCE SUMMARY ATTACHED	ATTENDANCE _____	TOTAL "SLE" DAYS USED _____	
<input type="checkbox"/> APPROVED	Parent Contacted: Name _____	Date _____	
<input type="checkbox"/> DENIED	Phone _____	Email _____	Letter _____