

K. Erik Swanson, Ph.D.
Superintendent of Education

STUDENT'S NAME:

GEORGE WASHINGTON HIGH SCHOOL

"Home of the Mighty Gecko Warriors"

Physical Address: 298 Washington Drive Mangilao Guam, 96913 Mailing: 501 Mariner Ave, Barrigada, Guam 96913 Telephone: (671) 734-2911 | Website: www.gwhsgeckos.com | Email: gwhs@gdoe.net Dexter Fullo
Principal

Accredited by the Western Association of Schools and Colleges, 2018-2024

APPLICATION FOR PRE-ARRANGED ABSENCE

Permission to be absent from school may be granted for up to (10) days for appropriate reasons. Permission to be absent from school may be denied for academic, attendance, or discipline reasons. Parents should seriously consider the effect any absence would have on the student's academic performance when their absence does not coincide with school vacations. It should be remembered that make up work will not replace instructional time. It is possible that these absences will adversely affect the student's grades.

Please note the following steps in submitting application:

- 1. Obtain this application from the Student Support Office, complete "Section A" at least (7) days prior to the anticipated absence.
- 2. Student will circulate application to teachers for their input in "Section B"
- 3. It is the student's responsibility to obtain all assignments for the duration being out and to submit all assignments according to the teacher's directions.
- It is the Parent/Guardian's responsibility to call the STUDENT SUPPORT OFFICE at 300-2976 to check on the status of the
 application approval.

NEEDED DOCUMENTATION: Original Boarding Pass to from destination; Physician Statement; Funeral Announcement etc.

SECTION A- GENRAL INFORMATION

	(AN'S NAME: _ 6S:						
PRESS WHILE OFF ISLAND:			TOTAL DAYS OF ABSENCE:				
BLOCK	SECTION TEACHER	B STUDENT SO SUBJECT	GRADE	TOTAL	NFORMATION ASSIGNMENT	TEACHER	
				AB			
l work he/she wi	tion above providea ll miss as a result of s application is NO	these absences. At	ıthorization to mi	on to be absent , ss school is subj	from school. I will ensi iect for approval from a	ure my child complei in Administrator.	
ture of Parent/Guardian & Date				Mr. Chris Castro, AP Student Support			