



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

# GEORGE WASHINGTON HIGH SCHOOL

*“Home of the Mighty Gecko Warriors”*

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Dexter Fullo  
Principal

## APPLICATION FOR PRE-ARRANGED ABSENCE

Last Updated June 2024

Permission to be absent from school may be granted for up to (10) days for appropriate reasons; and may be denied for academic, attendance, or discipline reasons. Parents should have considerable discernment as to the effect any absence would have on the student’s academic performance, especially for requests that do not coincide with school vacations. It must be noted that in the absence of quality instruction to accompany completion of make-up assignments, there exists the possibility that absences may adversely affect the student’s grades.

**Note the following steps in submitting this application:**

1. **Complete “Section A” of this application at least (7) days prior** to the anticipated absence.
2. Student will circulate application for teachers to complete **“Section B”**
3. It is **the student’s responsibility** to obtain all assignments for the duration of the pre-arranged absence. It is also student’s responsibility to submit all assignments according to the teacher’s directions.
4. 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.
5. **Required accompanying DOCUMENTATION to support request:** Original Boarding Pass to and from destination; Physician Statement certifying need for absence; Funeral Announcement, etc. Additional documentation may be requested by administration in the consideration of approval.

### SECTION A - GENERAL INFORMATION

Student’s Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Father/Guardian’s Name: \_\_\_\_\_ Contact # \_\_\_\_\_

Mother/Guardian’s Name: \_\_\_\_\_ Contact # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Dates of Absences: FROM \_\_\_\_\_ TO: \_\_\_\_\_ Total # of school days absent \_\_\_\_\_

Reason for Absence: \_\_\_\_\_

Address while off-island: \_\_\_\_\_

### SECTION B - STUDENT SCHEDULE & TEACHER INFORMATION

Block	Teacher Name	Subject	Current Grade	Total # of Abs	Assignment Arrangement	Teacher Initials

**Parent/Guardian Acknowledgement:** I understand that requesting for extended absences for my child may adversely affect his/her grade. I further understand that it is my responsibility to ensure my child does his/her part to complete assignments missed in accordance with teachers’ directions and requirements for submission. **This request is subject to Administrator’s Final Approval.**

\_\_\_\_\_  
Signature of Parent/Guardian / Date

\_\_\_\_\_  
Mrs. Joni Serisola, AP Attendance / Date

Eric Dela Cruz  
AP, Academic Affairs

Christopher Castro  
AP, Student Support

Noshista Delgado  
AP, Special Programs

Joni Serisola  
AP, Student Life & Attendance

Lina Taimanglo  
Administrative Officer

*Our Purpose is to Provide Our Students with the Skills and Knowledge they Need to Make Wise Decisions and Be Good Productive Citizens.*