

## **REQUEST FOR CADET ABSENCE**

The Army and Navy Academy Cadet attendance policy states that daily attendance is essential to academic success. The California Association of Schools and Colleges requires accredited independent schools to schedule 175 days of school, which follows state law for public schools. *These instructional days and Closed Weekends* are vital for the Academy to ensure teachers can meet the requirements of the curriculum with each Cadet and that the Cadets are properly assessed.

Because guided instruction by the teacher is paramount to any student's success, excessive classroom absences, whether excused or unexcused, compromise the Academy's goal to educating the Cadet. Therefore, if a Cadet misses 7 or more days per semester in any one class for any reason besides a school-planned function (e.g., field trips, athletics, etc.), he may be penalized a full letter grade in that class for the semester. With this first policy in mind, parents and Cadets alike should realize that the Academy strongly discourages planned absences from any Academic day or Closed Weekends for any reason.

Cadet Name (please print):

Grade:			Company:	
Departure f	rom Campus (Date/Time)	Expected	Return to Campus (Date/Time)	
Date:	Time:	Date:	Time:	
Details of Transpo	ortation:			
Reason for Request Absence due to personal absences for Personal absences	Cadet Absence must be <u>made at</u> t: (please check all that apply sonal illness or Doctor Appointm for educational purposes that are Weekends are mandatory	<b>y and note documentation m</b> ent <b>(Doctors note <u>required</u> for</b> approved <u>in advance</u> by the D	excused absence) Dean of Academics	
that are missed	d as a result of this absence.		g and completing all academic assignments	
	Name (please print):			
	Coll Ph		_ Date: _ Email:	
	The Cadet Absence Forr	m is to be <u><i>E-mailed</i> to the Oper</u> ance@armyandnavyacademy.c	rations Office,	
	Adm	ninistration Use Only		
TAC Officer Signature	»:	NOTE:	S:	
Academics Signature:		_Cadet Life Signature:		
Approval/# Days Missed	l:	_Approval/# of Closed Wknd Miss	ed:	
Notes:		Notes:		
OPS Staff Initials		Health Center		