

**Student Pre-absence Notification Form**

**Directions:** Please use this form to inform the Kalamazoo Academy Reading Program staff of the dates your child will be absent from the program. If possible, please submit this form at least **2-5 days** in advance so that the program staff can plan accordingly. For any questions or concerns, please contact the Program Director, Margaret Uwayo, at [muwayo@ywcakalamazoo.org](mailto:muwayo@ywcakalamazoo.org).

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Does your child attend AM or PM sessions: \_\_\_\_\_

Date(s) student will be absent: \_\_\_\_\_

Date student will return: \_\_\_\_\_

Reason for absence: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Other information to share about your child's absence:

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