



State of Hawaii  
Ka'ōhāo Public Charter School  
140 Alala Road  
Kailua, HI 96734

Dear Ka'ōhāo Parent,

Thank you for submitting your request for an extended absence from school for your son or daughter. We appreciate receiving your notice in advance as this will allow your child's teacher to recommend academic activities for you to continue while away from school.

We realize family emergencies cannot be planned and take precedence. However, we ask that families please make every effort to take family vacations during school vacation time. There are approximately 180 school days a year, and at Lanikai Elementary Public Charter School we value that time to work with your child. This time is a necessary component of educational progress. We appreciate the opportunity to be a part of your child's educational journey.

Please fill out the attached form and return to your child's teacher. Thank you.

Yours Truly,

Dr. Winston Sakurai  
School Director

Enc *Extended Absence Form*

**Student Planned Absence Notification**FOR OFFICE USE ONLY  
Date Submitted:**Ka'ohao Public Charter School****Absence Information**

Student Name(s):

Homeroom(s):

Teacher(s):

Type of Absence:

Illness or health reasons

Vacation

Bereavement

Other (put reason in comments)

Will be absent from:

To:

Additional comments and/ or study plan while absent:

**Signature Information**

**Parents:** By signing below you indicate that you have discussed the absence with your child's teacher and are aware of your child's progress. Please review this form with your child's teacher and turn into the office prior to your leave.

**Teachers:** By signing below you have indicated that you have discussed the absence with your student's parent and/or guardian and have made recommendations for continued learning during the absence. Please turn this form into the office prior to leave start date.

Parent signature:

Date

Parent phone number:

Teacher signature:

Date

Director signature:

Date