(2011/12/20)

KIST Application for Temporary Absence
短期欠席願

Please submit this form to the office for temporary absences of three days up to one month. Approval must be given by the school administration for all absences due to reasons other than illness.
3 日間以上（最長 1 カ月間）欠席する場合、本用紙を提出してください。病欠以外の欠席は学校長の承認が必要です。

Conditions:
- This form must be submitted to the office as far as possible in advance of the period of absence.
  3 日間以上欠席する場合は、事前に本欠席願をオフィスに提出してください。
- After receiving an application, a decision will be sent to your Live@edu family e-mail address.
  申請された欠席願の承認結果は、Live@edu の学校保護者メールアドレス宛てにお送りします。
- For absences of three days or more due to illness, a doctor's certificate must be attached to this form.
  病気やケガで 3 日間以上欠席する場合は、医師の証明書を添付して本欠席願を提出してください。
- For sudden absences of three days or more, the school must be notified immediately by telephone or e-mail, followed by submission of this form upon return to school.
  急遽 3 日間以上欠席しなければならなくなった場合は、すみやかに電話もしくは E メールにてオフィスに連絡し、後日、本欠席願を提出してください。

Please refer to the School Handbook for other information related to student absences.
その他、欠席に関する情報はスクールハンドブックでご確認ください。

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(*Please detach and return this section to the office.* 切り取って、オフィスにお出しください。)

KIST Application for Temporary Absence

Student's name: _____ Class: _____

Student's name: _____ Class: _____

Student's name: _____ Class: _____

Student's name: _____ Class: _____

★Please indicate the date/s your child/children will be absent or was/were absent from school 欠席期間:

From いつから: ____/____/____ (e.g. Jan./1/2012) To いつまで: ____/____/____ (e.g. Jan./1/2012)

★Total number of school days absent 計何日間: _____

★Please explain the reason for the absence 欠席理由:

_____

_____

_____

★Live@edu family e-mail address: p-_____@family.kist.ed.jp

☐ Doctor's certificate attached (Please check if applicable) 医師の証明書を添付している場合、☑してください。

Parent/Guardian's signature: _____ Date: ____/____/____ (e.g. Jan./1/2012)

Office use only

Received	Decision	Decision by	Notification	Input
	☐ Approved ☐ Not approved			

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