



# Christian Liberty Academy

16-675 Milo St. Kea'au, HI 97849 (808) 966-8445

**CLA Cuts Slip:** Make sure the parent fills out and signs the top section **before** submitting to teachers. Cuts Slip is due to the office at least 2 days before the student is to miss school.

**Student Name:** \_\_\_\_\_ **Date(s) Absent:** \_\_\_\_\_ **Student Grade:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_

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

1st Hour - Class \_\_\_\_\_ Teacher Name \_\_\_\_\_ Teacher Initial \_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2nd Hour - Class \_\_\_\_\_ Teacher Name \_\_\_\_\_ Teacher Initial \_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3rd Hour- Class \_\_\_\_\_ Teacher Name \_\_\_\_\_ Teacher Initial \_\_\_\_

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\_\_\_\_\_

4th Hour - Class \_\_\_\_\_ Teacher Name \_\_\_\_\_ Teacher Initial \_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5th Hour - Class \_\_\_\_\_ Teacher Name \_\_\_\_\_ Teacher Initial \_\_\_\_

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\_\_\_\_\_

6th Hour - Class \_\_\_\_\_ Teacher Name \_\_\_\_\_ Teacher Initial \_\_\_\_

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\_\_\_\_\_

7th Hour - Class \_\_\_\_\_ Teacher Name \_\_\_\_\_ Teacher Initial \_\_\_\_

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\_\_\_\_\_