****North Fork Local School District

Utica Elementary School

367 Church Street, PO Box 956, Utica, Ohio 43080

**PRE-PLANNED ABSENCE REQUEST FORM**

When a student misses in-class discussion and collaborative learning experiences, it adversely affects their academic progress. Planning vacations and family trips during the school year is strongly discouraged, however, we understand that in certain circumstances, schoolyear trips cannot be avoided.

Students who already have excessive absences may not be granted excused, pre-planned absences.

**This form and the Teacher Notification Form must be completed and submitted to the Principal at least five (5) school days prior to the absence.** Failure to follow this procedure may result in the absence being considered unexcused and no credit given for work missed during the absence.

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_

Dates of Planned Absence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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To the best of my knowledge, the information above is correct. As the parent/guardian I assume full responsibility for this absence of the student named above.

* I understand planned absence requests will NOT be approved for days established for State testing.
* I understand it is the responsibility of the student and parent/guardian to communicate with the classroom teacher(s) to request makeup work and/or tests **prior** to the absence. The student will be responsible for obtaining notes, etc. as needed from students who attended class.
* I understand that certain classroom activities such as films, guest speakers, labs and class discussions cannot be duplicated and may result in a lower achievement grade.
* I understand, all assignments made for the planned absence period of time must be completed and turned in the first day of the student’s return to school and make-up tests must be taken within two (2) days upon the student’s return to school.

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORMS SUBMITTED AFTER THE ABSENCE WILL NOT BE ACCEPTED**

**OFFICE USE ONLY**

Date Received by Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (must be five (5) school days prior to absence)

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has student received absence letters: \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

Absence is: \_\_\_\_\_\_ Excused \_\_\_\_\_\_ Unexcused

Principal/Administrator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_