

Student Personal Convenience Absence

Student Name _____ Grade _____

Date Leaving _____ Date Returning _____

State clearly and concisely the nature of this absence and the reason why the leave must be taken during the school year.

Statement of Student and Parent Responsibilities

We understand that absence from school for the reasons listed above is not provided for under the school attendance laws of the State of Ohio that this absence will be "UNEXCUSED" but that by completing this form and fulfilling the requirements, the student will be permitted to make up tests missed and will not be considered truant.

We further understand that when a pupil returns from a personal convenience absence, teachers assume no responsibility for a drop in grades suffered by a pupil who is absent due to personal convenience.

Arrangements to make up tests must be made by the pupil by the second day he/she returns to school after a personal convenience absence or an "F" will be recorded for each test. Tests are not to be given to a pupil in advance of a regularly scheduled test day. It is the responsibility of the student to inform each teacher of the dates of the personal convenience absence in advance. Please be sure to meet with your child's teacher after school 4 to 5 days prior to leaving for vacation. Each teacher has his/her own classroom policy regarding missing assignments.

Teacher initials: _____

Student Signature _____

Parent's Signature _____ Date _____

It must be understood that the principal's signature does not indicate approval of the statement of absence, but only that he/she is aware of such.

Principal's Signature _____