

PERSONAL CONVENIENCE ABSENCE

Absence from school for student(s) and/or parent personal convenience is not provided for under the school attendance laws of the State of Ohio. Therefore, parents are requested to complete this form prior to such a student absence in order to relieve the school of responsibility.

_____ Student's Name	_____ Grade	_____ Teacher
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_____ List Dates of Absence	_____ Date of Return	_____ Total Days Absent

State clearly and concisely the nature of this absence:

PARENT UNDERSTANDING:

1. This form MUST be completed and on file two weeks before the absence.
2. Regular attendance is absolutely essential for successful school work.
3. The school will assume NO responsibility for a drop in grades.
4. Teachers will not be expected to give work until the day prior to absence.
5. Responsibility of making up missed class assignments rests with the parent and student. Arrangements must be made with the teacher for all assignments missed during absence.
6. Students will be permitted to make up any tests missed if arrangements are made within two school days after return to school.
7. Parent/Student failure to abide by these understandings will result in denial of make-up privileges.
8. Absence should not be taken the week prior to the end of a semester or during a known specific testing period.

_____ Student Signature	_____ Student Signature	_____ Student Signature
_____ Parent Signature	_____ Date	

The Principal's signature below does not indicate approval of the absence but only that he/she is aware of such absence and this information will be given to the teachers.

_____ Principal	_____ Date
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