

## Request for Vacation Travel

Good attendance at school is paramount in a child's successful educational program and vacation should be planned around the school year as much as possible. Often, vacation travel can be quite educational and may enhance the educational program provided the student has not missed too many days of school and is educationally able to keep up with the regular work and makeup work. Ohio law does not specifically allow vacation travel to be considered an excused absence from school. In situations that are essentially unavoidable, schools are permitted to grant excused absences in order to travel. Medina City Schools allows **approximately 32.5 hours (5 days)** excused vacation time per year.

Please consider the following stipulations in order for the travel to be considered excused:

1. We ask parents to seriously consider the effect extended absences may have upon a student's school progress.  
House Bill 410 sets 38 hours (approximately 6.3 days) of excused absences as the threshold for **excessive absences**.
2. Parents and students assume full responsibility for any tests or assignments missed during the period of absence. Assignments are due on the day of return to school in order to assure teachers that the student is abreast of the classroom activities.
3. Teachers are not obligated to permit make-up work if proper arrangements have not been made prior to departure.
4. Vacation travel requests should be submitted to the child's teacher **at least 2 weeks** in advance of the vacation.
5. **ANY** absences during state mandated testing days are strongly discouraged.

### IMPORTANT NOTICE:

If a student will miss more than approximately 65 hours (10 days) due to a vacation, parents/guardians are required to unenroll their student from the Medina City Schools and re-enroll them upon return from vacation. **Please contact your building principal if you will be missing 65 hours (10 days) or more to discuss your next steps which require your withdrawal from the District. Your building can provide you with this withdrawal notice.**

Questions concerning this procedure may be directed to Dr. Kristine Quallich, Asst. Superintendent, at 330-636-3092.

Student (name): \_\_\_\_\_

Absence from school beginning on \_\_\_\_\_ 20\_\_\_\_,

through and including \_\_\_\_\_ 20\_\_\_\_,

for a total of \_\_\_\_\_ days

in order to \_\_\_\_\_

***As the parent or legal guardian of the above named student, I have seriously considered the impact this absence will have on my child.***

\_\_\_\_\_  
PARENT Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
TEACHER Signature

\_\_\_\_\_  
Date

Teacher: Your signature in the space above means that the parent/guardian has informed you of the student's intended absence.  
You may express either approval or disapproval; however, you are not required to do so.

Reviewed \_\_\_\_\_

Principal Comments: \_\_\_\_\_

\_\_\_\_\_  
PRINCIPAL SIGNATURE

Logged in attendance: \_\_\_\_\_