

Family Vacation / Long Term Absence Request Form

Please have parents and teachers sign and return to the Attendance Office.

Student Name _____ **Grade** _____

It is important for every student in Ohio to attend school every day. Missing too much school has long-term, negative effects on students, such as lower achievement and graduation rates. Regular school attendance is an important ingredient in students' academic success. Excessive absences interfere with students' progress in mastering knowledge and skills necessary to graduate from high school prepared for higher education and the workforce.

We recognize that not all families are able to take vacations or schedule medical procedures during school breaks. However, we recommend families make every effort to restrict these types of absences whenever possible to those times when school is not in session. Certainly, if a student is having difficulty with his or her studies or is in danger of failing, parents should be even more cautious about taking the student out of school.

If your student is having an unavoidable medical procedure during the school year, please turn in a medical note from the attending physician dated to cover **ALL** dates that will be affected during treatment and recovery.

If parents choose to take their children out of school for a family vacation or medical procedure, the parents assume the total responsibility for the students' education during the time the student is out of school. The parent/student is responsible for the subject matter taught during the time of absence.

According to the West Geauga School board policy, if a parent's request for vacation or for a non-emergency medical procedure is submitted and approved by the Principal or Assistant Principal at least **five (5) school days in advance** of the date of the departure, teachers will be asked to give the student general assignments for the time they will be gone.

Reason For Absence: _____ **Dates of absence:** _____

Parent Signature: _____ **Student Signature:** _____

Period and Class

Teacher Signature

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

Office Use Only

Date given to student _____ Date returned to office _____ Approved by _____