

Rittman Exempted Village School District

**APPLICATION FOR STUDENT LEAVE FROM SCHOOL FOR
FAMILY VACATION DURING SCHOOL YEAR**

Student's Name: _____ Address: _____

Phone: (_____) _____ Parent or Guardian: _____

Destination: _____ Departure Time: _____ Return Date: _____

Person(s) Accompanying Student: _____

State clearly but briefly the nature of this trip. Please give reasons why the leave must take place on school time. Length of days missed should not exceed five school days.

DECLARATION OF UNDERSTANDING BY STUDENT AND PARENT OR GUARDIAN

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.

We also understand that for the best interests of the student all schoolwork missed during the absence must be made up upon the return of the student to school. Upon returning to classes, he/she will not be excused from assuming his/her full responsibilities, nor will test and assignments be deferred.

We understand that failure to make up the missed work, as stated above, will cause the absence to be unexcused.

We understand that a student whose grades are below a "C" on a prior record may experience difficulty in maintaining his/her achievement level because of absence from regular classroom activities.

In the event the application is granted, we promise our full cooperation in fulfilling the requirement as stated by the teachers.

Student's Signature: _____

Parent's Signature: _____ Date: _____

FOR OFFICE USE ONLY - - - ACTION ON APPLICATION

Number of days absent per this application _____

Total number days absent this school year _____

Total number vacation days taken this school year _____

Student's Homeroom _____

Principal's Signature _____

Date _____

Approved _____

Disapproved _____

STUDENTS VACATIONS DURING THE SCHOOL YEAR

Students may be permitted to go on FAMILY vacations during the school year without penalty (except the week ending each semester with exams). The purpose of this policy is to accommodate parents who find it necessary to take their vacations during the school year. The intention is to permit families to be together.

- A. For the expressed purpose of discussing the proposed absence for vacation purposes, a parent/guardian must make contact with the school(s) involved at least **ONE WEEK IN ADVANCE** and discuss it with the principal. Among other things, the length of the absence should be made clear. The principal and the teacher or teachers involved will have an opportunity to express their view on the pending absence.
- B. The student can be given his/her books. His/her teachers may tell him/her the approximate material and pages to be covered. Detailed and specific assignments will be made available only if such assignments are already prepared in advance for all the students in the class. The purpose of this is to help the student so he/she will not have missed everything upon his/her return.
- C. The time missed will be counted as absence.
- D. When he/she returns to classes he/she will not be excused from assuming his/her full responsibilities, nor will test and assignments be deferred.
- E. Length of days missed should not exceed five school days.
- F. Family is defined as immediate parents, step-parents, legal guardian or approved relative.
- G. It is recommended that the student must be maintaining a passing grade in all subjects and demonstrate good attendance habits. Families should reconsider their vacation options in order not to put the student in further academic jeopardy.
- H. Exceptions to the above regulation will only be made after a hearing has been held with the building principal, superintendent and/or other school personnel.
- I. No academic credit will be granted for any vacations unexcused or not approved in advance according to the above policy. Students are expected to make up the work even though no credit will be extended. Failure to make up assignments (either approved or not approved) may result in an incomplete and subsequent failure of the course(s).

PLANNED ABSENCE

Form must be completed and turned in at least 48 hours prior to the absence.

Student Name _____ Grade _____ Date _____

On the date(s) _____, I am planning _____ day(s) of absence from school because I will be participating in:

_____ College visit/ _____ Field Trip _____ Vacation _____ Other (explain)
Job shadowing Includes extra-curricular _____

The location for the event is: _____

If a field trip or extra-curricular function, the teacher/coach/advisor is: _____

A parent is aware of and supports the absence and understands the guidelines as confirmed by their signature below:

Parent Signature _____ Daytime Phone () _____

My teachers are aware of my pending absence as indicated by their notations below. I understand I am responsible for my school work, whatever the pre-determined arrangements are. I also understand that a collective summary of teacher recommendations may prompt the principal to deny the absence. Disapproval may not prevent participation in the activity/event, but understand that the absence may be unexcused.

Pd	Class	Teacher	Recommendation	Comments
1			Yes No	
2			Yes No	
3			Yes No	
4			Yes No	
5			Yes No	
6			Yes No	
7			Yes No	
8			Yes No	

Verification (for college visit or job shadowing)

_____ was a visitor at _____
on _____. Signed _____ Phone _____