

## SOUTHWEST LOCAL SCHOOL DISTRICT Pre-Arranged Notice of Student Absence Form

| Student Name:   | Grade:   | _ School:   |
|---|--|---|
| Absence Start Date:   | Absence Return Date:   | Total # of Days Absent:   |
| Reason for Absence:   |  |   |
| submit this completed form to the<br>be excused from school for vacation<br>with the parent(s), and they must | school office. The Board of Ensor other non-emergency trinot expect any work missed before a trip, reasonable of | ays for reasons other than normal illness mus<br>ducation does not believe that students should<br>os. The responsibility for such absences reside<br>by their child to be retaught by the teacher. I<br>efforts are made to prepare a general list o |
|   | defined by the state of Ohio.  | d or unexcused. Listed below are the eight (8<br>If the reason you wish to take your student ou<br>nce will be classified as unexcused.   |
| Reason for Absence Excused:   |  |   |
| $\square$ Personal illness of the student   |  |   |
| $\square$ Illness in the family necessitating   | g the presence of the child  |   |
| $\square$ Death of a relative   |  |   |
| $\hfill\Box$ Quarantine in the home   |  |   |
| $\square$ Observance of a bona fide religio   | ous holiday  |   |
| ☐ Necessary work at home due to over 14 years of age only)  | absence or incapacity of pare  | nt(s) or legal guardian(s) (applies to students   |
| ☐ Traveling out of state to attend a<br>to absences of up to 24 school hour                                   |  | or activity or extracurricular activity (applies  |
| $\square$ As determined by the Superinte  | ndent  |   |
| Reason for Absence Unexcused:   |  |   |
| ☐ Vacation  |  |   |
| ☐ Other, please explain:  |  |   |
|   |  |   |
| Parent Signature:   | Date:  |   |
| Principal's Signature:  | Date:  |   |



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## **TEACHERS REVIEW**

| lath     | ELA         | Reading   | Science                     | _ Social Studies  |
|----------|-------------|---|-----------------------------|-------------------|
| ctives:  |             |   |                             |                   |
|          |             |   |                             |                   |
| CI       | ASS         | ASSIGNMENT (Teachers, please attach documentation if necessary) | EXPECTED DATE OF COMPLETION | TEACHERS INITIALS |
|          |             |   |                             |                   |
|          |             |   |                             |                   |
|          |             |   |                             |                   |
|          |             |   |                             |                   |
|          |             |   |                             |                   |
|          |             |   |                             |                   |
|          |             |   |                             |                   |
|          |             |   |                             |                   |
|          |             |   |                             |                   |
| EACHER(S | ) COMMENTS: |   |                             |                   |
|          |             |   |                             |                   |