



Please submit one for each student four weeks prior to absence.

Student Name: _____

Date of Request: _____

Dates of planned absence: _____

Reason for planned absence: _____

PARENT/GUARDIAN & STUDENT RESPONSIBILITIES:

Since a number of extended recesses are scheduled during the school year itself, parents are strongly encouraged not to schedule vacations during school weeks, if at all possible, due to the disruption it can cause in a student's academic progress as well as the extra work it creates for teachers. Depending on a student's academic standing, an extended absence may make the difference in a student being able to pass a grade or specific course.

In the event that students miss school due to a planned absence, the teacher will use his/her discretion regarding the issuing of homework prior to the trip. Any homework given prior to the absence must be completed and turned in as specified by the teacher; otherwise, no credit will be given for the assigned work. Further, if the teacher decides that no homework will be given prior to the trip, then all work missed is to be completed within the same number of school days that the student missed. The student must recognize that he/she is responsible for any work missed while he/she is absent from school, and that teachers will not be asked to provide tutoring or additional help due to planned absence (unless for an extenuating circumstance such as medical treatment). If there are multiple tests or major quizzes or projects to be made up, then the teacher(s) involved will coordinate the makeup requirement for these kinds of major grades.

PARENT/GUARDIAN AGREEMENT

My signature below indicates I have read and understood the "Parent & Student Responsibilities" as stated above and that I understand the potential effect that a planned absence may have on my child's academic success. I understand that my child must complete all assignments as scheduled by his/her teacher(s).

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

TEACHER(S) RECOMMENDATION

To be completed by the student's teacher(s). A copy of this will be provided to the parent after this section has been completed.

Teacher Name:	Recommendation:	Comments:
1. _____	<input type="checkbox"/> Recommend <input type="checkbox"/> Not Recommend	_____
2. _____	<input type="checkbox"/> Recommend <input type="checkbox"/> Not Recommend	_____
3. _____	<input type="checkbox"/> Recommend <input type="checkbox"/> Not Recommend	_____
4. _____	<input type="checkbox"/> Recommend <input type="checkbox"/> Not Recommend	_____
5. _____	<input type="checkbox"/> Recommend <input type="checkbox"/> Not Recommend	_____
6. _____	<input type="checkbox"/> Recommend <input type="checkbox"/> Not Recommend	_____
7. _____	<input type="checkbox"/> Recommend <input type="checkbox"/> Not Recommend	_____

OFFICE USE ONLY:

Copy with teacher recommendation sent to parent: _____ (date)