

KEYSTONE MIDDLE SCHOOL REQUEST FOR EXCUSED FUTURE ABSENCE

Date _____

STUDENT NAME _____ GRADE _____ HOMEROOM _____

This form must be completed prior to the excused absence whenever a student will miss one or more days of school when the absences are known in advance. Local policy and state law permit a maximum of five excused school days per year for vacations. (Section 3321.04, Ohio Revised Code)

Request form is to be completed by the parent first, then the teachers. It should then be submitted to the office two days prior to the beginning of the requested absence date.

DATES OF REQUEST _____

REASON FOR REQUEST _____

PARENT SIGNATURE _____

TEACHERS: Signify below that this student cannot afford to miss these days due to low grades.

Class Period	Subject	Teacher Signature and Comments:		Assignments:
		Approval	Disapproval	
Period 1	_____	_____	_____	_____
Period 2	_____	_____	_____	_____
Period 3	_____	_____	_____	_____
Period 4	_____	_____	_____	_____
Period 5	_____	_____	_____	_____
Period 6	_____	_____	_____	_____
Period 7	_____	_____	_____	_____
Period 8	_____	_____	_____	_____
Period 9	_____	_____	_____	_____
Period 10	_____	_____	_____	_____
Period 11	_____	_____	_____	_____
Period 12	_____	_____	_____	_____

OFFICE USE ONLY:

Days absent to date _____

DATE

REQUEST GRANTED

REQUEST DENIED

Principal or Designee

Principal or Designee