

ROSSFORD EXEMPTED VILLAGE SCHOOLS
Rossford, Ohio 43460

Application for a Student Personal Convenience Absence

Absence from school for student and/or parent personal convenience is not provided for under the school attendance laws of the State of Ohio; therefore, the proposed absence will be considered "UNEXCUSED" and parents are asked to complete this form to relieve the school of responsibility.

STUDENT'S NAME: _____ SCHOOL: _____ GRADE: _____

ADDRESS/CITY _____ PHONE: _____

DATE LEAVING: _____ DATE RETURNING: _____

Please state the nature of this absence and the reason why the leave must be taken during the school year.

STATEMENT OF STUDENT AND PARENT

We understand that absence from school for the reason listed above is not provided for under the school attendance laws of the State of Ohio and that this absence will be "UNEXCUSED", but that by completing this form and fulfilling the requirements, the student will be permitted to make up tests missed and will not be considered truant.

The school can assume no responsibility for a drop in grades suffered by a pupil who is absent due to personal convenience.

Arrangements to make up tests must be made by the pupil by the second day he/she returns to school after a personal convenience absence or an "F" will be recorded for each test. All students are expected to be present for semester examinations. Teachers may (but are not required to) prepare assignments of a very general nature for pupils who are anticipating a personal convenience absence.

It is the responsibility of the student to inform each teacher of the dates of this personal convenience absence in advance.

Teachers' initials: _____

All of the above regulations concerning personal convenience absences are applicable only to trips in which students accompany their parents.

Date: _____ Student's Signature: _____

Parent's Signature: _____

It must be understood that the principal's signature does not indicate approval of the statement or absence, but only that he/she is aware of such.

TOTAL DAYS ABSENT: _____
Principal's Signature _____

copies: School – white copy
Parent – yellow copy
Board Office – pink copy