



Application for Preplanned Absence

This form is used to request approval in advance for unexcused, preplanned absences to be excused by administration. Under state school law, Ohio only recognizes the following reasons for an excused student absence: illness of the child (parent note required), illness in the immediate family (parent note required), quarantine of the home (official document required), death of a relative (parent note required), medical or dental appointment (official note required), observance of religious holidays (verification required), college visitation (official note required), placement in foster care (official document required), or homelessness.

Student Name (Please Print): _____

Date of Request: _____

Program: _____

***Preplanned absence will only be approved if the student has less than 65 hours of total absences in the current school year. ***

***Student can only be approved for a total of 30 hours (5 days) of preplanned absence per school year. ***

I request absence for the following dates: _____ Number of days: _____

I request absence for the reason of (EX: vacation, religious/church event, drivers ed.): _____

I understand that I am responsible for making arrangements to make up all work and assignments that I will miss. Any assignments missed that are not made up will be counted as a zero (0).

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Print: _____ Date: _____

Parent/Guardian Phone number: _____

Lab Instructor Signature: _____

Academic Instructor Signature: _____

Academic Instructor Signature: _____

Academic Instructor Signature: _____

Academic Instructor Signature: _____

Academic Instructor Signature: _____

For Office use ONLY

Absent 65 hrs or less

Excused Absent hours: _____

Unexcused Absent hours: _____

TOTAL: _____

Less than 30 hrs (5 days) requested abs

Previous # of abs hours approved: _____

Hours being requested for approval: _____

TOTAL: _____

Approved (circle): Yes No

If no, state reason: _____

Administrator Signature: _____

Date: _____