



OXFORD AREA SCHOOL DISTRICT

REQUEST FOR LEAVE OF ABSENCE FROM SCHOOL

Rev. 2018-2019

Terms and Conditions for vacation/leave when school is in session:

Every effort should be made to keep students in attendance for all days while school is in session. In cases where parents schedule educational trips during the school year, the parent should notify the school by completing this form at least one (1) week in advance of their planned departure for administrative approval. Principals may honor the requests when they are in the educational interests of the student, not exceeding five (5) days, additional days would need approval by the Superintendent. Absences not approved by the Administration will be considered as an unexcused absence. If this absence, in addition to previous absences, amounts to an excessive number, ten (10) or more, your student will be required to provide doctor's excuses for the remainder of the school year.

Absences may be excused under the following conditions:

1. That the purpose of the proposed absence offers the promise of equivalent or greater educational outcome than corresponding school time.
2. That prior to the absence the student and/or parent has made satisfactory arrangements with teachers for making up all work missed during the period of the absence.

Date of Request:							
Student Name (<i>Last, First, M.I.</i>):							
Parent/Guardian:							
School Building:		Grade:					
Homeroom Teacher:		Homeroom #:					
Date of Absence Requested:							
Return to School Date:							
Provide the locations to be visited and briefly explain the educational value the child will experience as a result of this visit. (Failure to explain the educational value of the trip may delay the approval process or result in a denial.)							
Reason for Absence (be specific):							
I have read and agree to the above listed terms and conditions. I understand that any schoolwork or assignments given during this period of absence must be <u>completed</u> satisfactorily by student upon returning to class. (Please sign below)							
Parent/Guardian Signature & Date:							
FOR SCHOOL USE ONLY:							
Subject:							
Teacher Initials:							
Comments by Principal:							
☐ Approved				☐ Disapproved			
Principal Signature & Date:							
☐ Approved				☐ Disapproved			
Superintendent Signature & Date:							