**Pre-Authorized** **Planned Absence Form**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1st trip/vacation 2nd trip/vacation

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade/ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Absence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last day of attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected return date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please* *read* *before* *signing* *at* *bottom:*

• **I** **understand** **that** **this** **form** **MUST** **be** **turned** **in** **PRIOR** **to** **the** **trip/vacation.**

• I understand that my child is allowed ONE planned trip/vacation of up to 30 consecutive hours (5 days) absent from school each year.

• I understand that this document is to notify the school of my child’s non-emergency trip/ vacation. The time missed will be documented as excused absences **when** **this** **form** **is** **received.**

• I understand that my student is allowed a 2nd trip/vacation of up to an additional 30 consecutive hours (5 days) if requested through this document.

• If NOT approved for additional hours (2nd trip/vacation), these additional hours will be marked UNEXCUSED and count toward truancy.

• I agree that my child will complete and turn in all assigned schoolwork and tests to his/her teacher within the *equivalent* */* *same* amount of days my child missed (3 days absent = 3 days to turn in make-up work, test, etc.).

• I understand that my child’s grades will be calculated through the completion of assigned work and tests.

• I understand the Reynoldsburg City Schools Board Policy regarding school absences as printed in the Student Handbook.

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Superintendent/Designee Signature

\_\_\_\_\_\_\_\_\_\_\_\_ Date

Approved for Excused Absence

\*\*Please return completed form to the student’s teacher.

[www.reyn.org](http://www.reyn.org/) 7244 E. Main Street, Reynoldsburg, Ohio 43068 (614) 501-1020

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