



NORTH ROYALTON CITY SCHOOLS APPLICATION FOR EXTENDED ABSENCE

<input type="checkbox"/> Albion Elementary 440-582-9060	<input type="checkbox"/> Royal View Elementary 440-582-9080	<input type="checkbox"/> Valley Vista Elementary 440-582-9101	<input type="checkbox"/> Middle School 440-582-9120	<input type="checkbox"/> High School 440-582-7801
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Name of Person Completing Application Form: _____ **Date Completed** _____

To be completed by the parent or legal guardian (or the student if age 18 or older).

Student's Name:	Grade:	Home Phone:	Cell Phone:
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Reason for extended absence: _____

I request that my son/daughter be excused from school for _____ (no.) days (not to exceed 5 school days unless approved by principal).

The inclusive dates for this absence are _____ (beginning date) through _____ (last date)

- The week ending each semester may not be approved.
- I understand that each teacher will sign this form indicating he/she is aware of the impending absence and my child will have the opportunity to make up assignments. Students are permitted, though not encouraged, to go on vacation during the school year without penalty. The student agrees that all assignments are to be completed and turned in. Students also may be requested to make up any tests or quizzes.
- While students absent for vacations may be excused, the responsibility for such absence resides with the parents, and they must not expect any work missed by their child(ren) to be retaught by their teachers.
- The North Royalton City Schools believes that students should be in school (Senate Bill 181, which went into effect in September 2000, addresses student attendance), but understands that family vacation time might have to be taken during the school year. By completing this form, parents acknowledge the importance of providing the school with accurate attendance information and assume responsibility for seeing that his/her child/children make-up all missed assignments. It is also understood that missing in-class instruction time could affect a child's grades due to this absence.

Signature(s) of Parent/Guardian	PRINT Parent/Guardian Name(s)	Date Signed
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For Staff Use Only:

Please sign in the space provided. **Return this form to the office when complete.**

Period/Subject	COMMENTS:	Teachers Signature
1 -		
2 -		
3 -		
4 -		
5 -		
6 -		
7 -		
8 -		
9 -		
10 -		

For Office Use Only:

Principal Signature: _____ Date: _____

Please return completed form to Attendance Secretary