

Alternate Learning Experience Application
Student Vacation Application

Please complete and submit a separate application for each student.

Student's name _____ Grade _____

Date(s) of school absence _____

An ALE will not be approved for longer than 10 days. Absences that are not approved for an ALE or vacation may be marked as unexcused.

Where will the experience take place? _____

Briefly describe the experience.

As the parent/guardian, your signature below indicates that you have read and understand the Special Absences: Alternate Learning Experience (ALE) and Student Vacations During the School Year Policy and believe that your request meets all of the qualifications as stated.

Parent's signature _____ Date _____

Student's signature _____ Date _____

Home phone _____ Cell phone _____

FOR SCHOOL USE ONLY

_____ Approved _____ Conditionally approved _____ Denied

Administrator's signature _____ Date _____

If denied, reason for denial:

- _____ Application submitted after the experience
- _____ Application submitted less than one week prior to the proposed absence
- _____ Academic concerns
- _____ Unsatisfactory attendance
- _____ Experience request falls within district testing windows

Alternate Learning Experience Application
 Teacher Signature

Middle School and High School Students

This page is for middle school and high school students. Your teachers must provide the information below prior to you submitting the application to the office.

Date _____

Student's name _____ Grade _____

Date(s) of school absence _____

This student has applied for an Alternate Learning Experience/Student Vacation. Please indicate his/her cumulative average in your course and the number of days absent this quarter.

Period	Subject	Cumulative Average	Days Absent	Teacher Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				