



MARSHALL HIGH SCHOOL FAMILY VACATION NOTICE

STUDENT NAME _____ GRADE _____

TODAY'S DATE _____ DATE(S) OF ABSENCE _____

REASON FOR ABSENCE _____

PARENTS: This form must be completed and **returned to the high school office prior to the date(s) the student will be absent from school.** Failure to file this sheet with the office may result in unexcused absences, which would mean the student could not make up any work missed. Also, note that a teacher's signature on this form does not automatically excuse your child. Please read the comments for any instructions the teachers may have imposed. Unless arrangements have been made with individual teachers, homework is due before the student leaves on vacation.

TEACHER SIGNATURE

TEACHER COMMENTS

1ST HOUR _____

2ND HOUR _____

3RD HOUR _____

4TH HOUR _____

5TH HOUR _____

6TH HOUR _____

The Marshall Public Schools Student Handbook indicates the following statement: Attendance – Daily attendance of students who are enrolled in Michigan Schools is required in accordance with state law and school board rules. Students will attend regularly scheduled classes unless officially excused. The Marshall Schools believe that good attendance is vital to a student's achievement and DO NOT recommend that parent's remove students from school for an extended period of time (3 days or more). While we recognize the value of travel, vacation & association with parents, we feel that our school calendar provides several opportunities for these activities & that absence beyond the time allotted in the calendar may be detrimental to the student. Explanations & class discussions are presented daily with written "make-up" work cannot replace, and time lost from activity classes is impossible to recover. Any extended period of absence may result in a corresponding drop in a student's grade.

PARENTS: I have read the above statement & understand fully the effect which an extended absence may have on my child's achievement, understanding & grade. I accept the responsibility for any detrimental effect this absence may have on my child & will do whatever is necessary to minimize this effect to see that work missed is made up & information missed is acquired.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

*Please complete, sign and return this form to the school office **before your anticipated date(s) of absence.**
Thank you.*

(for MHS use only)

This absence has been approved has not been approved by

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|--------------------------------|
| Entered into PS _____ by _____ |
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ADMINISTRATOR SIGNATURE _____ DATE _____