

Board Members:
 Alissa Agozzino
 Jeff Christoff
 Ira Collier
 Brenda Stocker
 Ben Troyer
 Superintendent:
 Joel Mengerink



*Inspired by Tradition,
 Educating for Tomorrow*

Elida High School
 Justin Firks - Principal
 Dan Larimore - Assistant Principal
 Dave Evans - Athletic Director
 401 E. North Street
 Elida, Ohio 45807
 Phone: 419-338-6801
 Fax: 419-338-6890

PRE-APPROVED ABSENCE REQUEST

(Form should be returned by 8:00 AM no later than **THREE** school days prior to date; Five school days prior is preferred.)

We would like to request absence approval for our son/daughter, _____ . He/she will be absent from school _____ through _____. It is the responsibility of the student to obtain, complete, and return all work that may be assigned while absent from school. **Homework assignments obtained are to be turned in the day the student returns from the absence. The student is expected to stay current with his/her classes and be prepared to take any test given upon his/her return.** Any vacation that falls during the last week of any quarter/semester are discouraged and may not be approved as an excused absence.

Vacation Field Trip College Military Other

Parent Signature: _____ Date: _____

Description of Other: _____

College Destination: _____ Counselor's Signature: _____

Field Trip Destination: _____ Class Involved: _____

TEACHERS: Indicate the status of the student listed above.

	Class	9 Wks Avg => 70%	Below 70% Indicate %	Check if Year Avg => 70%	Below 70% Indicate %	Comments	Teacher Initials
1 st Period							
2 nd Period							
3 rd Period							
4 th Period							
5 th Period							
6 th Period							
7 th Period							

OFFICE: APPROVED / DISAPPROVED Signature: _____ Date: _____