

Walter G. Nord School
Pre-Planned Extended Absence Form

Regular attendance is necessary for success in school and is required by state law. Per Ohio Revised Code and district policy, only the following eight reasons will classify an absence as excused: personal illness (proper documentation may be required), illness in the immediate family, quarantine, death in the immediate family, medical or dental appointment with proper documentation, religious holiday, college visit with proper documentation, and emergency or another circumstance as approved by the Superintendent.

The Amherst School District understands that extended absences for worthwhile educational experiences or family activities (vacations) may come up throughout the year. The parent or guardian should seek approval from the school administration and complete this Pre-Planned Extended Absence Form. The school will make every effort to provide homework prior to the absence with two weeks advance notice. An extended absence will be unexcused until the parent completes and submits the Pre-Planned Extended Absence Form.

Completed forms must be submitted to the Principal and, if approved, those absences will be considered excused. The parent/guardian and all teachers must sign this form before being approved by an administrator two weeks in advance. Building administration may deny a pre-arranged absence request if they believe an absence is unjustified or that a student has exceeded a reasonable limit of absences.

The student is responsible for all work assigned over the absence. Students will assume responsibility for meeting with each teacher to make up all missed class work.

Student's Name: _____ Grade: _____ Absence Hours to Date: _____

Destination/Reason: _____

First Day Absent: _____ Date of Return to School: _____

Parent/Guardian Signature: _____ Phone Number: _____

Class	Grade	Teacher Signature/Comment
English Language Arts		
Math		
Science		
Social Studies		
Art		

Class	Grade	Teacher Signature/Comment
Library		
Music		
Physical Education		
Spanish		
Wellness		

Office Use Only: Date Received: _____ Approved _____ Disapproved _____ Admin's Signature: _____