



*Our Lady of Perpetual Help School*  
*3221 Santee Road Bethlehem, PA 18020*

**Extended Absence Form**

***Returned to the office as soon as vacation plans have been made or at least one week in advance of trip***

Regular attendance at school is essential for your child’s education. Disruptions to your child’s school attendance can have a significant impact on his/her academic performance. Extended family trips during the school year are strongly discouraged. Vacations/trips are unexcused absences.

If you are planning a vacation with your child(ren) during the school year, please check the school calendar first to make sure you avoid traveling prior to or during standardized testing and final exams.

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**Parents, please read and initial each statement below and sign at the bottom to confirm you understand and accept the responsibility of taking your child(ren) out of school during days of instruction.**

\_\_\_\_\_ Weighing the seriousness of the loss of academic progress, I consider it necessary to request an extended absence for my child(ren) from school.

\_\_\_\_\_ I will encourage my child(ren) to have their books with them and consult online class information posted by the teacher.

\_\_\_\_\_ I have a responsibility to make sure that my child(ren) understands the concepts that were covered when they missed instruction before they attempt to make up their work.

\_\_\_\_\_ I understand that all missed written assignments will need to be completed by my child(ren). My child(ren) will have 1 calendar day for each day of school missed to complete their assignments.

\_\_\_\_\_ I understand that all tests will be administered according to a schedule determined by the teacher and that my child(ren) may be required to complete up to three make-up tests in one day.

Student's name \_\_\_\_\_

Dates of absence(s) \_\_\_\_\_

Location of Trip \_\_\_\_\_

Educational Reason for Trip \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature \_\_\_\_\_

Date: \_\_\_\_\_

Principal Signature \_\_\_\_\_

Date: \_\_\_\_\_

Teacher Signature \_\_\_\_\_

Date: \_\_\_\_\_