

Board Members:  
 Alissa Agozzino  
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 Jeff Christoff  
 David Peters  
 Jeff Point  
 Superintendent:  
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*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 <sup>st</sup> Period							
2 <sup>nd</sup> Period							
3 <sup>rd</sup> Period							
4 <sup>th</sup> Period							
5 <sup>th</sup> Period							
6 <sup>th</sup> Period							
7 <sup>th</sup> Period							

OFFICE: APPROVED / DISAPPROVED Signature: \_\_\_\_\_ Date: \_\_\_\_\_