REYNOLDSBURG CITY SCHOOLS

Pre-Authorized
Planned Absence Form

Date: _____ ☐ 1st trip/vacation ☐ 2nd trip/vacation

Student Name: _____ Grade/ Teacher: _____

Reason for Absence: _____

_____

Last day of attendance: _____

Expected return date: _____

Please read before signing at bottom:

- **I understand that this form MUST be turned in TWO WEEKS PRIOR to the trip/vacation.**
- I understand that my child is allowed ONE planned trip/vacation of up to 30 consecutive hours (5 days) absent from school each year.
- I understand that this document is to notify the school of my child's non-emergency trip/vacation. The time missed will be documented as excused absences **when this form is received.**
- I understand that my student is allowed a 2nd trip/vacation of up to an additional 30 consecutive hours (5 days) if requested through this document.
- If NOT approved for additional hours (2nd trip/vacation), these additional hours will be marked UNEXCUSED and count toward truancy.
- I agree that my child will complete and turn in all assigned schoolwork and tests to his/her teacher within the *equivalent / same* amount of days my child missed (3 days absent = 3 days to turn in make-up work, test, etc.).
- I understand that my child's grades will be calculated through the completion of assigned work and tests.
- I acknowledge that while my student can make up work for excused absences, certain instructional experiences cannot be replicated outside the classroom, and missing this instructional time may affect my student's progress in the subject area. Additionally, I understand that my student remains responsible for meeting Ohio's state testing requirements.
- I understand that if my child has an Individualized Education Program (IEP), the services identified in the IEP will not be provided during the time of parent-elect absence.
- I understand the Reynoldsburg City Schools Board Policy regarding school absences as printed in the Student Handbook.

Parent/Guardian Name: _____ Phone Number:_____

Parent/Guardian Signature: _____

**Please return completed form to the school office.

REYNOLDSBURG CITY SCHOOLS

Pre-Authorized
Planned Absence Form

Date Received: _____ School Name:_____

Student Name: _____ Student ID Number:_____ Grade/ Teacher: _____

Last day of attendance: _____

Expected return date: _____

To be completed by School Counselor or Social Worker:

Is the parent on the previous form the custodial parent?: YES ☐ NO ☐

Does the child have an IEP?: YES ☐ NO ☐

Is there reasonable concern for the student's well being in regards to taking an extended trip?: YES ☐ NO ☐

IF YES, Please explain:

_____

_____

_____ _____ _____

Printed Name of SC/SW Signed Name of SC/SW Date

Please provide a summarized instructional plan to continue the student's education while they are away:

_____

_____

_____

_____

_____

_____

_____

Principal Signature: _____ Date:_____

Director of Curriculum Signature: _____ Date:_____

Assistant Superintendent Signature: _____ Date:_____

_____ _____

Superintendent/Designee Signature Date

☐ Approved for Excused Absence

☐ Not Approved for Excused Absence

**Please return completed form to the school office.