



# WELLINGTON

## EXEMPTED VILLAGE SCHOOL DISTRICT

### PLANNED ABSENCE FORM

It is very important for our students to be present at school every day; however, we understand that situations arise. When faced with an unavoidable situation where a child must be absent from school without a legitimate medical excuse, it is extremely important for the school to be informed of this for the purpose of making up valuable assignments and assessments.

\* Please be aware that any time a student is absent from school, excused or unexcused, those hours will count toward their total number of hours absent, which we are required to report to the state of Ohio. Please see the table below from the Ohio Department of Education regarding truancy.

Absenteeism Type	Consecutive Hours	Hours per School Month	Hours per School Year
Chronic Absenteeism	NA	NA	10% of total hours either <i>excused or unexcused</i>
Excessive Absences	NA	38 excused or unexcused hours	65 excused or unexcused hours (legitimate medical excuse required to avoid truancy consequences)
Habitual Truancy	30 hours <i>without</i> a legitimate medical excuse	42 hours <i>without</i> a legitimate medical excuse	72 hours <i>without</i> a legitimate medical excuse.

#### Pre-Planned Absence Information:

1. When a student does have to miss school for any reason not related to a medical excuse or an approved school event, the absences will be recorded as unexcused.
2. Students are responsible for any work that they miss when absent.
3. In the event of a pre-planned absence, the student must make arrangements with their teachers and get approval from the principal prior to the absence in order to be able to make up any work.
4. Students who are chronically absent, have excessive absences, or are habitually truant will not be approved for a pre-planned absence unless it is accompanied with a legitimate medical excuse.
5. Any questions or concerns should be directed to the principal of Wellington High School at 440-647-3734.

*\* Please complete the back of this form and turn it into the main office.*

**Shyla Urban | Principal**

**John Bowman | Athletic Director**

Wellington High School • 629 North Main Street, Wellington, OH 44090 • 440-647-3734 • WellingtonVillageSchools.org



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STUDENT NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

EXPECTED DATES OF ABSENCE: \_\_\_\_\_

REASON FOR ABSENCE: \_\_\_\_\_

CLASS	CURRENT GRADE	TEACHER'S SIGNATURE

FOR OFFICE USE ONLY	
Date Turned in	
Current Absent Hours	
Permitted Hours Remaining	
Principal's Signature	

**Shyla Urban | Principal**

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