

Marysville Exempted Village School District

ALTERNATIVE LEARNING EXPERIENCE APPLICATION

**For your students who attend the same building, you can submit one application per building. For siblings who attend a different school, you will need to submit a separate application to the specific school office/administration.*

Building: _____

Students' first and last name / grade level / homeroom teacher (*high school counselor instead of homeroom teacher*):

Date(s) of school absence: _____

Describe in detail the experience and what educational benefit will be derived:

Other school age siblings, their grade levels and buildings:

I attest that all of the above information is true and accurate:

Parent/Guardian signature: _____

Date: _____

Address: _____

Email: _____

Cell or home phone: _____

SCHOOL USE ONLY

Date Received By School: _____

_____ Approved _____ Conditional Approval

_____ Denied

If denied, reason for denial:

_____ Submitted after the experience

_____ Submitted less than one week prior

_____ Unsatisfactory attendance

_____ Academic Concerns

_____ Experience falls within district testing

_____ Multiple ALEs taken within academic year

_____ Length of request is too long

Principal Signature: _____

Date: _____