

Board Members:
 Aaron Cunningham
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 Ben Troyer



*Inspired by Tradition,
 Educating for Tomorrow*

Elida High School
 Krissa Worley – Principal
 Nick Morris – Assistant Principal
 Dan Larimore – Athletic Director
 401 E. North Street
 Elida, Ohio 45807
 Phone: 419-338-6801
 Fax: 419-338-6890

Superintendent:
 Joel Mengerink

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 st Period							
2 nd Period							
3 rd Period							
4 th Period							
5 th Period							
6 th Period							
7 th Period							
8 th Period							
9 th Period							

OFFICE: APPROVED / DISAPPROVED Signature: _____ Date: _____