MADISON LOCAL SCHOOL DISTRICT

APPLICATION FOR EXCUSED ABSENCE – FAMILY VACATIONS

School (Please select one): ☐ Pre-K ☐ Madison Primary School ☐ Madison Intermediate School ☐ Madison High School

Student's Name: _____

Grade: _____ Room/Teacher (elementary only): _____

Number of Days Requested: _____ Dates of Absence: _____ through _____

Reason(s) for requesting absence: _____

Excused absences from Madison Local Schools may not exceed **SIX** school days. It is the responsibility of the student to get all assignments from his/her teachers **BEFORE** leaving school. All make-up work is to be turned in to his/her teachers upon returning to school. Middle School and High School students must have each of their teachers complete the Class/Grades section.

_____ _____

Parent/Guardian Signature **Date**

TO BE COMPLETED BY SCHOOL

Student's Attendance Record:

Absences: _____ Tardies: _____ ☐ Satisfactory ☐ Unsatisfactory

Student's Grades – Elementary Students:
(To be completed by elementary teacher) ☐ Satisfactory ☐ Unsatisfactory

Student's Grades – High School Students:
(To be taken by students to each class and completed by high school teachers)

	Class/Course	Current Grade	Teacher Signature/Comments (Please put additional comments on back of form)
1st Period:			
2nd Period:			
3rd Period:			
4th Period:			
5th Period:			
6th Period:			
7th Period:			
8th Period:			
9th Period:			

Application Approved: ☐ Yes ☐ No **Application Denied:** ☐ Yes ☐ No

Comments: _____

_____ _____

Principal's Signature **Date**

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