HILLSDALE
LOCAL SCHOOL DISTRICT
Building Character, Expecting Excellence

479 TOWNSHIP ROAD 1902
JEROMESVILLE, OHIO
44840

www.hillsdale.k12.oh.us

HILLSDALE PK-6
419-368-4364

HILLSDALE 7-12
419-368-6841

CENTRAL OFFICE
419-368-8231

APPLICATION FOR PRE-EXCUSED ABSENCE 7-12

This application must be submitted to the Principal **at least one (1) week prior to the requested absence** in order to determine whether the absence will be classified as excused or unexcused.

Date of Request: _____ **Advisory Teacher:** _____

Student Name: _____

Date(s) of Absences: _____

Reason for Absence (please check and provide explanation as applicable):

☐ Family Vacation (explain): _____

☐ Work at Home (explain): _____

☐ County Fair – Project: _____ Date(s) of Show: _____

☐ College Visitation (maximum of two) – College: _____

Guidance Counselor's Signature: _____

☐ Other (explain): _____

Student Responsibilities

In all cases of pre-excused absence, the student is responsible for obtaining all assignments from each teacher **prior to the absence** and submitting all completed work upon return. Failure to comply with these expectations may result in a grade of "F" for incomplete assignments, which will be calculated into the student's overall grade.

I acknowledge and understand the conditions for receiving academic credit for assignments during my absence.

Student Signature: _____

I acknowledge and approve of my child's absence and understand the associated expectations.

Parent/Guardian Signature: _____

Office Use Only

☐ Approved ☐ Disapproved ☐ Not Recommended

Reason: _____

Principal's Signature: _____

If approved, the student must notify all teachers of the absence in advance so that appropriate arrangements for make-up work can be established.

The signatures below indicate that each teacher has been informed of the student's absence:

Period	Work to be Completed	Teacher Initials
1st		
2nd		
3rd		
4th		
5th		
6th		
7th		