



Inspired by Tradition,
Educating for Tomorrow

ELIDA HIGH SCHOOL

Darren Sharp, Principal
Dan Larimore, Assistant Principal
401 E. North St.
Elida, Ohio 45807
Phone: 419-338-6801
Fax: 419-338-6895

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							

OFFICE: APPROVED / DISAPPROVED Signature: _____ Date: _____