



# Vanlue Local School



301 S. East St.  
Vanlue, OH 45890  
Phone: 419-387-7724  
Fax: 419-387-7722

## Student Pre-Approved Absence Form

### Section 1: Completed by Parent/Guardian:

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I/We request that our child be excused from school for the following dates:

Beginning Date of Absence: \_\_\_\_\_

Will Return to School On: \_\_\_\_\_

Reason: \_\_\_\_\_

- As parent/guardian, I understand that my child will be missing school attendance day(s) required by law.
- Students who go on vacation with **one or both parent(s)/guardian(s)** during the school year will be excused unless absence days are in excess of attendance policy.
- Students are required to contact the office and complete the necessary paperwork ONE WEEK PRIOR to leaving.
- ALL ASSIGNMENTS ARE DUE ON THE DAY THE STUDENT RETURNS TO SCHOOL.
- Parent/guardian must send a note verifying length and reason for absence upon return to school. Failure to do so will result in the absences being UNEXCUSED.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return form to the school office***

### Section 2: Completed by Secretary, Principal, or Attendance Officer

Student will miss \_\_\_\_\_ school days

Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section 3: Verified by Student's Teachers:

Period	Teacher Signature
1	
2	
3	
4	
5	
7	
8	
9	

***When signatures are secured from all teachers, please return form to the office.***