

PRE-ARRANGED VACATION OR EXTENDED ABSENCE  
REQUEST FORM

Student Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Teacher: \_\_\_\_\_

Dates the student will be absent from school: \_\_\_\_\_

Ossian Elementary highly discourages absences for vacation reasons. Students and parents are encouraged to schedule vacations when school is not in session. The Indiana State Legislature mandates a minimum of 180 student days. Ossian Elementary has a calendar which is 180 student days.

Vacation

Vacations must be pre-arranged through the office, five (5) school days in advance of the vacation, in order to be excused. Vacation requests will be limited to once per school year for a maximum of five (5) school days. A vacation form must be properly completed by the parent, signed by the principal, and homework assignments made by the teachers. ALL HOMEWORK IS DUE UPON RETURN TO SCHOOL AND TESTS MAY BE GIVEN IMMEDIATELY. Vacations will only be excused if the student accompanies a parent or legal guardian.

Teachers may provide assignments prior to the leave or when the students returns. Work assigned when the student returns will be due within the same number of school days the student missed. Example: If a student has missed 4 school days, he/she will have 4 school days to turn in work assigned after returning to school.

The five (5) approved vacation days will not count as part of the six (6) days per semester which students are allowed for illness.

Assuming make-up work is turned in on time, the student will receive full credit. There is no grade deduction. The parent and student must be aware of the possibility of the report card grade being substantially less. Although students are permitted to make-up work, instructional time missed in the classroom cannot be recovered. Without question, the student will miss important lectures, discussions, labs, and other learning activities.

Please complete form and return to Ossian Elementary Office.

I have read and understand school and corporation guidelines concerning vacation days. I understand the impact of lost instructional time and the possibility of a lower grade.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Received \_\_\_\_\_ Approved \_\_\_\_\_