



Butler Elementary Absence Request Form

I _____ would like
Parent Name

_____ excused from school beginning
Student Name

_____ through _____ for one of the following reasons:
Date Date

_____ Family Vacation _____ Family Military Event _____ Funeral

_____ Personal Illness _____ Family Illness/Quarantine _____ Emergency

_____ Religious Observance

The parent understands that by submitting this request, the child's absence will be counted toward Chronic Absenteeism hours per Ohio Attendance Guidelines. Students who meet attendance thresholds will be referred to our building attendance intervention team. Parents will then receive an invitation to meet with the intervention team to develop a plan to help the family get their child to school. Prior to this request your child currently has _____ hours of accumulated absences.

If the absence is medical related, please get a note from your child's doctor and send it to wilsons@cfc Colts.org and nickolil@cfc Colts.org.

Vacation time is urged to be taken during scheduled breaks on the school calendar. Requested work prior to vacation must be turned in immediately upon return to school. Please avoid state testing times in the fall and spring.

Date of Application _____ Parent Signature _____

| Subject | Current Grade | Teacher Signature |
|-----------------------------|---------------|-------------------|
| <u>MATH</u> _____ | _____ | _____ |
| <u>READING</u> _____ | _____ | _____ |
| <u>SCIENCE</u> _____ | _____ | _____ |
| <u>SOCIAL STUDIES</u> _____ | _____ | _____ |

Principal Signature _____ Date _____