



## Bellville Elementary Absence Request Form



I \_\_\_\_\_ would like  
Parent Name

\_\_\_\_\_ absent from school beginning  
Student Name

\_\_\_\_\_ through \_\_\_\_\_ for one of the following reasons:  
Date Date

\_\_\_\_\_ Family Vacation

\_\_\_\_\_ Personal Illness

\_\_\_\_\_ Religious Observance

\_\_\_\_\_ Family Military Event

\_\_\_\_\_ Family Illness

\_\_\_\_\_ Funeral

\_\_\_\_\_ Emergency

I understand that by submitting this request, my 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. Absence may result in an absence intervention meeting which includes parents and staff.

I understand all work provided prior to vacation must be turned in immediately upon return to school. I understand there may be additional work when my child returns.

Date of Application \_\_\_\_\_ Parent Signature \_\_\_\_\_

For Bellville Staff Only –

Hours of absence prior to request \_\_\_\_\_

Subject

Current Grade

Teacher Signature

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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