LEGACY CHRISTIAN ACADEMY

Application For Student Leave of Absence During School Year

Student Name_____Grade_____Today's Date_____/_____/_____

Parent or Guardian_____Destination_____

First Date of Absence _____/_____/_____Last Date of Absence _____/_____/_____ Days Absent_____

State clearly but briefly the nature of this absence and why leave must be taken during school hours: _____

_____

_____

_____

DECLARATION OF UNDERSTANDING BY STUDENT AND PARENTS OR GUARDIAN(S):

We understand that absence from school for the reasons listed above is not provided for under the school attendance law of Ohio. We also understand that approval of this absence only allows students to make up missed work, and the absences will remain unexcused in the attendance record, counting toward the number of unexcused absences in the semester they occur. We also understand that it is the student's responsibility to get assignments from their teacher(s) to make up. The student is responsible to make arrangements with teachers to make up all missed assignments according to the "Attendance/Tardiness" section found in the Parent/Student Handbook.

In the event that this application is granted, we promise our full cooperation in fulfilling the requirements as stated by teachers.

Please list your child's homeroom (elementary) or all courses that will be missed and each teacher (secondary): _____

_____

Student's Signature: _____

Parent's/Guardian's Signature: _____

……..

FACULTY USE ONLY:
- It is the responsibility of the student to request make-up work from you. You may require assignments prior to the absence or upon the student's return. Please let administration know if the student does not make you aware of this intended absence.
- If missing your class would be specifically detrimental to this student, please notify the principal immediately. Also, notify the principal if this student has had problems getting make-up work done for past absences.
- Final approval for this absence will depend on our having the above information. If we have not heard from you via email (attendance@legacyknights.org) within 24 hours of your receipt of this notification, we will presume that you do not have feedback about this absence.

……..

OFFICE USE ONLY:

Student's absences to date _____ Student's tardies to date _____

Principal's Approval _____ Disapproval _____ Date_____/_____/_____