PAULDING EXEMPTED VILLAGE SCHOOLS STUDENT VACATION REQUEST

The staff of PEVS believe the learning experiences provided by daily classroom instruction and activities is an important part of learning and therefore prefer vacations be scheduled in conjunction with the Board adopted school calendar. Teachers are not required to prepare assignments for planned vacations, therefore student work may need to be completed upon his/her return to school. Please note that vacation days count towards the maximum (72) hours allowed per school year. Approval of all requested vacations rests with school administration.

DUE TO THE PANDEMIC, ANY STUDENT RETURNING FROM TRAVEL TO AN AREA DETERMINED TO BE HIGH RISK BY THE OHIO DEPARTMENT OF HEALTH AND/OR THE CENTERS FOR DISEASE CONTROL WILL BE REQUIRED TO QUARANTINE AT HOME FOR 10 DAYS BEFORE RETURNING TO SCHOOL.

REQUEST FOR EXCUSED VACATION

1. **This form must be completed and returned to the office at least one week in advance of the planned vacation.**
2. Parent (and student MS and HS) sign and date request/agreement statement.
3. For MS and HS, the student is responsible to present the assignment form (provided by the office) to each classroom teacher at least three (3) days in advance of the last day in attendance. Teachers will give assignments, write any additional comments, and sign the form.
4. Student should share the above assignment form with parent/guardian.

PARENT AND STUDENT REQUEST/AGREEMENT

We (parent and student) have read the request statement and the teachers' comments. We understand that:

A. Teachers are not responsible for allotting time for tutoring students upon return.

B. Arrangements to make up tests or quizzes missed must be made by the student with each teacher during the first day back.

C. All assignments given before leaving for vacation must be submitted upon the first day back unless arrangements have been made by the individual teacher.

_____ _____ _____

Student Name and Grade **Parent Signature** **Date**

First date of absence for vacation: _____ **Return date from vacation: _____**

Where are you traveling: _____

OFFICE USE ONLY

Total hours/days missed to date:

Excluded: _____ Excused: _____ Unexcused: _____ Tardies: _____

Approved: _____ Denied: _____

_____ _____

Administrator signature Date