

Planned Absence Request

Bloomsburg Area High School

NOTE: It is the recommendation of the Bloomsburg Area School District that students not take vacations during the school year. In requesting a vacation absence the student and family must realize that this increases the likeliness of the student suffering academically. Students who attend unapproved trips will be marked as unexcused and will receive a grade of zero for all work/exams the days the student was absent.

This form must be submitted to the school administration three (3) school days prior to the requested absence. **No vacation requests will be approved during final examinations.** Vacation absences will only be approved after consideration of the following factors:

- Teacher signature which serves as notification of the student passing all subjects during the current quarter
- The student will not exceed ten (10) planned absence days in a school year
- Student's attendance status
 - ~ Students absent 10 or more days without an official excuse (dr's note, death in family etc.) will **not** be granted an absence request
 - ~ If the student's absence totals (without an official excuse) reach or exceed 10 days with the approved vacation, the student will be required to furnish an official excuse (dr's note) for each additional absence for the remainder of the year.
- Student's academic, discipline, and tardiness status
- The student has not been suspended three (3) or more (ISS or OSS) from school during the requested semester
- Completed forms turned in to the school office three (3) school days prior to request

Faculty signatures verify a passing grade, for the student requesting this Vacation Absence, in their subject as of the date indicated below.

Period	Teacher Signature	Date	Period	Teacher Signature	Date
1			5/6-6/7		
2			7/8-8/9		
3			10		
4			11		

Student Name (Print): _____ Date _____

Requested Absence Date(s) _____ Amount of Days Requested _____

Parent/Guardian Signature _____ Date _____

School Administrator Approval _____ Date _____

Did you complete requests for other siblings? Yes No

If yes, Name of schools(s): _____

Date Received by Office: _____ **APPROVED / DISAPPROVED**