

LOYALSOCK TOWNSHIP HIGH SCHOOL

ABSENCE REQUEST

LTHS recognizes the importance of a holistic education beyond the reach of our high school. Approved absences from school must have prior approval from a school administrator. Thank you.

GENERAL INFORMATION		
Student's Name:	Grade:	Student Signature:
Parent/Guardian's Name:	Parent/Guardian Phone:	Parent/Guardian Signature:
Home Address:		
PLANNED ABSENCE OPPORTUNITY		
CIRCLE Nature of Request:		
College/University	Planned Family Vacation	Job Shadow Military Legal
Please provide additional information concerning the requested absence as well as educational benefits:		
Date(s) of Request:	Total School Days Absent:	Date(s) of Absence:
VISITATION VERIFICATION BY INSTITUTION (If a college visit)		
Name of Institution:	Location of Institution:	
Signature of Official:	Position of Official:	Phone Number of Official:
Printed Name of Official:		

VISITATIONS	PLANNED FAMILY VACATIONS
<ul style="list-style-type: none"> • Visitation requests must be submitted three (3) school days prior to the first scheduled absence. • It is the parent/guardian's responsibility to provide safe transportation to and from the visitation. • A signature or other statement of verification from the institution must be returned within three (3) days of your visit. • Failure to return this statement may result in an unexcused or illegal absence. 	<ul style="list-style-type: none"> • Planned family vacation requests must be submitted (2) weeks prior to the first scheduled absence. • It is the student's responsibility to get any schoolwork that may be missed in their absence so it can be completed while away from school. • Decisions regarding the approval of absences will lie in accordance with Policy Concerning Planned Family Vacations during the School Term, adopted 8/15/1984 by the Loyalsock Township School District.

TEACHER APPROVAL

Teachers, please sign in the area below indicating that the student has checked with you about making up work for class prior to their planned absences.

Period 1	Block 1
Period 2	
Period 3	Block 2
Period 4	
Period 5	Block 3
Period 6	
Period 7	Block 4
Period 8	

Teacher Comments:**SCHOOL APPROVAL**

Signature of Administrator:	<ul style="list-style-type: none">• Approved• Disapproved• Approved, but not recommended	Date:
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