

Date of Request \_\_\_\_\_

*Western Reserve Local School District*  
13850 Akron-Canfield Road  
Berlin Center, Ohio 44401-9756

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

OUR FAMILY WILL BE OUT OF TOWN. THE REASON FOR THIS EXTENDED ABSENCE IS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We (I) are (am) aware that (Name) \_\_\_\_\_ grades may suffer because of this absence. We (I) are (am) requesting assignments from teachers wherever possible. We (I) also understand that there could be a grade loss. In some cases, the loss will be minimal; however, in lab classes the loss could be greater.

We (I) agree to make every effort to keep up with the classroom work.

Signed: \_\_\_\_\_  
Student

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Principal

| Teachers: Please initial after reading the above material. |         |
|--|---------|
| Class  | Teacher |
| 1.   |         |
| 2.   |         |
| 3.   |         |
| 4.   |         |
| 5.   |         |
| 6.   |         |
| 7.   |         |
| 8.   |         |