

NORTHWEST LOCAL SCHOOL DISTRICT  
McDermott, Ohio

## REQUEST FOR ABSENCE "SPECIAL OR EXTENUATING CIRCUMSTANCES"

<b>STUDENT NAME:</b>			
<b>BUILDING:</b>	<input type="checkbox"/> NES	<input type="checkbox"/> NMS	<input type="checkbox"/> NHS
<b>GRADE:</b>	<input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		
<b>DATE(S) STUDENT WILL BE ABSENT FROM SCHOOL:</b>	<i>First Day of Absence:</i>	<i>Return to School:</i>	
<b>REASON FOR EXTENDED PERIOD OF ABSENCE FROM SCHOOL:</b>	<input type="checkbox"/> Family Vacation <input type="checkbox"/> Family Illness <input type="checkbox"/> Death in Family <input type="checkbox"/> Other: <i>(Please specify)</i>		
	<i>COMMENTS:</i>		
<b>Parent/Guardian:</b>		Date:	
<b>Request received by:</b>		Date:	
<b>Request approved by:</b>		Date:	

*Copies to:*

- Guidance Department/Attendance
- Student's Teacher(s): \_\_\_\_\_
- Superintendent