

# Anthony Wayne High School

## Personal Convenience Absence Form

School attendance laws for the State of Ohio do not provide for excused absence for vacations. However, Anthony Wayne High School will allow absence of student and accept makeup academic work under the following conditions.

1. The PCA **will count** towards the 9 unexcused absences in a semester.
2. The PCA forms will be issued only to the parents/guardians by the principal or his/her designee.
3. The PCA forms must be completed and on file before the date(s) of the absence.
4. The PCA absences are applicable only to trips on which students accompany their parents or designated chaperones.
5. Students/parents are responsible to inform each teacher of the dates of the PCA.
- 6. Students will be permitted to make-up graded assignments, along with classroom tests and examinations that are recorded or calculated as part of the student's grade.**
7. Students/parents are responsible to make arrangements to make-up tests by the second day the student returns.
8. Failure to abide by the above procedures and other administrative guidelines will result in denial of make-up privileges.
9. Anthony Wayne assumes no responsibility for a drop in grades.
10. Teachers are not required to prepare assignments in advance for students who are anticipating days of absences.
11. Teachers are not required to examine or correct assignments missed during a PCA that are not recorded or calculated as part of the student's grade.
12. Teachers are not required to grade, examine, correct, or replicate any missed activity, written work, or class experience the completion of which is predicated upon a student's attendance or in-class participation (e.g. lab, play, etc.).

Name \_\_\_\_\_ Grade \_\_\_\_\_

Destination: \_\_\_\_\_

Date (s) student will be absent from school: \_\_\_\_\_ Total days absent: \_\_\_\_\_

Person (s) accompanying student: \_\_\_\_\_

The reason (s) for the absence and why it is necessary on school days: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

By typing your name in the box above you are acknowledging that you are the parent or guardian.

**\*\*\*\*\*Students-See your administrator prior to having teachers complete form\*\*\*\*\***

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Administrative purposes:

Days absent current semester: \_\_\_\_\_ Days Unexcused current semester: \_\_\_\_\_

CLASSES	TEACHER SIGNATURE	TEACHER COMMENT
		(How are assignments to be handled?)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____