BCI FAMILY LEAVE REQUEST
FOR 5 DAYS OR MORE

Bell Creek Intermediate
3777 Upper Bellbrook Rd
Bellbrook, Ohio 45305
937-848-3777

Dear Parent/Guardian,
Please complete the information below and have your son/daughter return it to Mrs. Terrell at least one week before your departure date. This form must be filled out for each student needing instructional time. Generally, all requests are excused as long as the three qualifiers below are met and the student is not in danger of failing classes.

1. All absences due to vacation <u>will accumulate</u> toward the 65-hour threshold. Mr. Phelps and Mr. Cline will review the student's past attendance records, grades, current attendance records, and academic standing. Vacation requests from students who have already accumulated 65 hours or more of absence **will not be excused.**
2. This form must be completed at least one week before the student's scheduled absence.
3. Parent and student signatures accepting the pledge form below.

Thank you in advance for helping us meet the attendance requirements as required under the Ohio Revised Code and HB410.

Donnie Phelps, Principal
Zack Cline, Assistant Principal

_____   _____   _____
          Student name   Dates of trip   Date to return to school

Description of the trip: _____

Classroom Teacher (s): _____   _____

                               _____   _____

                               _____

<u>Parent and Student pledge</u>
Due to this request for a Family Vacation, we are responsible for any adverse effect of this absence on the concepts presented and final grades that may be received due to the absences on the dates above. Furthermore, if advance assignments are requested, <u>we understand they are due the day the student named above **returns to school**</u>. Assignments that are NOT completed will receive a grade of zero. You are responsible for contacting your students' teachers to request any missing assignments at least a week <u>before</u> the vacation.

We also understand that all tests, quizzes, or other projects that were missed during the dates of our Family Vacation **MUST be made up or submitted within three days of returning to school.**

Parent Signature_____   DATE_____

Administrator signature _____   DATE_____