

# **ROGER LUDLOWE MIDDLE SCHOOL**

689 Unquowa Road

Fairfield, CT 06824-5010

Phone (203) 255-8345 - Fax (203) 255-8214



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Megan Tiley, Principal  
Ian Banner, Assistant Principal

Steve DeAngelo, Dean of Students  
Karin Shaughnessy, Assistant Principal

## **NOTIFICATION OF EXTENDED STUDENT ABSENCE**

Student's Name: \_\_\_\_\_

Grade/HR \_\_\_\_\_

I am requesting the release of my son/daughter from classes for \_\_\_\_\_ school days beginning \_\_\_\_\_ and ending \_\_\_\_\_. The reason for this absence from school is:

\_\_\_\_\_

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Before making this request, parents are advised to read the policy on Student Attendance # 5113, paying particular attention to the definitions of excused and unexcused absences. These can be found on page (b) and are mandated by CT statute. The official Fairfield Board of Education Policy Guide containing this policy can be found on the district's website- [www.Fairfieldschools.org](http://www.Fairfieldschools.org) in the Board of Education section.

We also ask that you bear in mind that an extended absence from school can place a significant burden on student and teacher. Accordingly, please read and sign the statement below and return it to the school attendance secretary prior to the student's extended absence.

Your signature below indicates that you read the above policy and are fully aware of the policies for excused and unexcused absences and that your daughter/son must assume primary responsibility for keeping up with schoolwork during this period of voluntary absence. It is his/her responsibility to notify teachers in advance, although it may not be possible for the professional staff to accommodate assignment requests for students whose absence is due to parental choice. You also understand that classroom activities such as videos, labs, class discussions and speakers cannot be duplicated.

Parent / Guardian Name (please print) \_\_\_\_\_

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

Date \_\_\_\_\_