



Planned Education Request Form

Student Name: _____ Grade & Room _____ Date of Request: _____

Are other Rocky River School District siblings participating? _____ Yes _____ No

If yes: Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

Date(s) of Absence: _____

Educational Relevance: (check the box that most closely reflects the activity)

Curriculum topic Cultural experience Career exploration College visit

If an above box is checked, the student is not marked absent. Missed assignments/work may be furnished in advance.

If a box is not checked, the absence is unexcused and assignments/work will not receive credit. No more than five days may be designated "Planned Education" in one school year.

Parent Signature _____

PS/CS-6: 2002 1/9/02