



WOODLAWN
UNIT SCHOOL DISTRICT #209

300 NORTH CENTRAL LANE
WOODLAWN, ILLINOIS 62898
PH: 618.735.2631 FAX: 618.735.2032
WWW.WOODLAWNSCHOOLS.ORG

REQUEST FOR BUSINESS DAY

Name: _____

Today's Date: _____

I understand that my request for a Business Day will count as a "field trip" from my school, and that I must return this form to the office two days before being absent from school for my Business Day.

Purpose of Request: _____

Date Requested for Business Day: _____

Student's Signature: _____

Parent's Signature: _____

OFFICE USE ONLY

() Not Approved

() Approved

School Administrator: _____



Business Absence Guidelines

1. Business absences will not be granted to any student who has one suspension, or one truancy during the semester, or a total of three or more tardies in a semester.
2. When the initial request for business absence is presented, the student will take an application form to teachers to obtain their signatures and a short statement regarding present academic achievement (including number of times tardy). The student will submit the signed application for final approval, attesting to the awareness on the part of the parent and the student of the student's responsibility to make up all work missed.
3. Teachers will provide assignments to students and will give make up tests at their convenience. Students will be required to make up work missed in such a way as to impose no added burdens on the teacher.
4. Students must be passing all subjects in order to receive approval for a business day.
5. Students will not be allowed a business day during semester exams.
6. A business absence for educational or military purposes will be recorded as a field trip day. Any other business absence will be counted as an excused absence but will not count toward the two absences for second semester exam exemptions.

Period	Teacher Signature	Academic Progress	Grade
1			
2			
3			
4			
5			
6			
7			

Please print and have form signed by each teacher. Turn in to the School Secretary upon completion.



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Request for Business Day
"Visitation Verification Sheet"

Student's Name: _____

Date: _____

Visitation Contact Signature:		Phone Number:
Time In:	Time Out:	

Visitation Contact Signature:		Phone Number:
Time In:	Time Out:	

Visitation Contact Signature:		Phone Number:
Time In:	Time Out:	

Visitation Summary: _____

School Secretary Signature: _____

Date: _____

Complete the first two form fields and print. Then, during the business day visit, have the form signed by the appropriate person. Upon return to WHS, turn in to High School Secretary.