



Cynthia A. Ford  
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Dear Ashford School Families,

Pursuant to guidelines from the Connecticut Department of Education, Ashford School will consider certain extraordinary educational experiences to be excused absences. In order for an experience to qualify as an extraordinary educational experience, the opportunity must be educational in nature and must have a learning objective specifically related to the student's coursework or plan of study. It is important to note that not all memorable and/or life experiences are considered extraordinary educational experiences for the purpose of an excused absence. In order to qualify, the experience must be an opportunity not ordinarily available to the student. The experience must be grade and developmentally appropriate and the content of the experience must be highly relevant to the individual student. Whether an experience fits the requirements of an extraordinary educational experience for the purpose of an excused absence is a determination within the discretion of the building principal or designee.

To request consideration of an experience as an extraordinary educational experience, the following form must be filled out, signed by the parent and student, and returned at least five (5) school days in advance of the date of the opportunity. Please note that approval is not assured. Approvals are awarded on a case-by-case basis and are based on a number of factors. An experience approved for one student does not guarantee that it will be approved for others.

Thank you for your cooperation.

Sincerely,

Polly A. Borysevicz  
Principal

cc: Mrs. Ford, Superintendent/Director of Pupil Services  
Mrs. Sibley-Jett, School Nurse



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### Board of Education Extraordinary Educational Experience Request Form

Name of Student: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Title of Educational Opportunity: \_\_\_\_\_

Please describe the learning objective of the educational opportunity and how the objective is linked to the student's coursework or plan of study (you may attach additional sheets):

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) of educational opportunity: \_\_\_\_\_

Dates and total number of days of planned absence: \_\_\_\_\_

Signature of Parent \_\_\_\_\_

Signature of Student \_\_\_\_\_

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For Office Use Only. Received by \_\_\_\_\_ on \_\_\_\_\_. Approved? Yes/No By \_\_\_\_\_