

Date of Application _____

REQUEST FOR EXCUSED ABSENCES FROM SCHOOL FOR A PRE-PLANNED EDUCATION TOUR OR TRIP
(One copy for EACH student)

Student's Full Name _____
Grade (circle one): 6 th 7 th 8 th _____
Date(s) of Absence _____
Total Number of Absent Days _____

Person directing/Supervising student: Name: _____
Address: _____
City/State/Zip: _____
Contact Phone Number _____

The district policy on pre-approved absences is:

1. Parent/Guardian will inform the Principal **IN ADVANCE**, on this approved District form, of the reason for the absence. *A week's notice is requested.*
2. Pre-Approved absences will **NOT** be approved for either standardized test or semester exam days.
3. Total pre-approved absences during the school year will not exceed **five (5) school days**.
4. All pre-approved absences will be recorded as an excused absence.

Describe your Pre-Planned Education Tour/Trip

Homeroom Teacher's Signature _____

Period	Subject	Teacher Signature	Date	Comment
1				
2				
3				
4				
5				
6				
7				
8				

STUDENTS ARE REQUIRED TO COMPLETE ALL ASSIGNMENTS AND TEST DEEMED NECESSARY BY THE TEACHER(S) AS A CONDITION FOR THE PR-APPROVED ABSENCES. ALL HOMEWORK ASSIGNMENTS ARE DUE ON RETURN TO SCHOOL (EXCEPT WHERE NOTED ABOVE). TESTS ARE TO BE TAKEN AT THE TIME AND DATE SCHEDULED BY THE TEACHER(S).

Were there prior requests this school year? No Yes → IF, YES - Dates: _____

Parent/Guardian Signature _____
Phone Number _____
Date: _____

Principal's Decision (Initial one)

Approved _____

Not Approved _____

NOTE:

1. This form is to be used in place of the written excuse.
2. The student and teacher must complete this form.

Copy: Student file
Homeroom Teacher