

Attachment 4**REQUEST FOR EXCUSED ABSENCE FOR EDUCATIONAL TRAVEL**

As defined in the Tredyffrin/Easttown School District Administrative Regulation 5113, an excused absence may be granted for pre-approved educational travel.

If you wish to request that your child be excused from school for educational travel that is five (5) school days or less in duration, please complete this form and return it to your child's building principal at least two (2) weeks prior to the absence. Absences that will exceed five (5) school days require the additional approval of the Superintendent or designee. The maximum number of days that may be excused for educational travel in a given school year is twenty (20). Any school days missed beyond twenty (20) in a given year for educational travel will be deemed unexcused.

The granting of an excused absence for educational travel does not assure a passing grade for any subject/course of study. The responsibility for the completion of all assignment/assessments missed during the period of absence rests entirely with the individual student. This request constitutes a commitment on the part of the student to contact each of their teachers to arrange for the completion of assignments following the trip. Teachers are not required to provide work prior to the trip, and there should be no expectation that this will occur.

Date: _____ School: _____ Homeroom: _____

Student's Name: _____ Grade: _____

Parent/Guardian: _____ Telephone: _____

Parent/Guardian Email: _____

Full Address: _____

Dates of Absences: _____ Number of School Days: _____

Destination: _____

Who Will be Responsible for the Student(s) During the Absence? _____

Educational Value of Trip: (Attach Additional Sheets if Needed) _____

Parent/Guardian Signature: _____

For Office Use Only

Principal Approval

____ Approved ____ Denied

Principal Signature _____ Date _____

Comments:

Superintendent/Designee Approval (Absences Exceeding 5 School Days)

____ Approved ____ Denied

Superintendent or Designee Signature _____ Date _____

Comments:

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Extended Absence Request Teacher Sign-off Form

Please complete this form if requesting more than three days.

The following student _____ Grade _____

has requested an extended absence from _____ to _____

for the following reason _____

Please consider the student's present standing in class and the potential effect of the proposed absence upon this standing when making your recommendation. Upon approval of this request, please arrange with the student a procedure for making up all missed work.

Period	Subject	Recommended	Not Recommended	Teacher Signature	Date
1					

Teacher Comment:

2					
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Teacher Comment:

3					
---	--	--	--	--	--

Teacher Comment:

4					
---	--	--	--	--	--

Teacher Comment:

5					
---	--	--	--	--	--

Teacher Comment:

6					
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Teacher Comment:

7					
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Teacher Comment:

8					
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Teacher Comment:

Counselor's Signature _____ Comment _____

Assistant Principal Signature _____ Date _____
(Student Grade Level)

**ONCE SIGNED BY ALL TEACHERS
PLEASE RETURN TO THE ATTENDANCE OFFICE, ROOM 112**