

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:

---