

EASTERN LEBANON COUNTY SCHOOL DISTRICT  
REQUEST FOR EXCUSED ABSENCE FROM SCHOOL FOR A PRE-PLANNED  
EDUCATIONAL TOUR OR TRIP

Instructions for completing this form:

1. Use separate form for students in each level: elementary, middle or high school.
2. Return completed form to the building principal's office **two weeks prior to the trip.**
3. This request must be approved for the absence to be excused.

Date Submitted: \_\_\_\_\_

Name of student: \_\_\_\_\_ Grade: \_\_\_\_\_

Date(s) of proposed absences: \_\_\_\_\_ To: \_\_\_\_\_ Number of days \_\_\_\_\_

Person(s) directly supervising student during above absences:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

1. Describe the trip: \_\_\_\_\_

\_\_\_\_\_

2. In what way do you consider this trip to be of educational value to the student? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

It is understood that:

**Grades 6-12 only:** The student is responsible to contact appropriate teachers concerning this absence in order to be aware of all assignments that must be completed.

**All students:** Upon returning to school, the student will, on his/her own time, be responsible for making up the work missed. All make-up work is to be accomplished to the satisfaction of the teacher concerned.

If, for any reason the trip is canceled or shortened, the pupil(s) must report to school the first day you return home.

TO BE SIGNED BY THE TEACHER: teacher **must** be contacted for assignments before leaving on trip.

Teacher \_\_\_\_\_ Date \_\_\_\_\_

**Trips WILL NOT be approved during any of the PSSA testing dates for students in grades involved. Check the district calendar for details.**

**The number of school days of excused absences for educational trips/tours shall be a maximum of six (6) days per school year. Absences for educational trips/tours in excess of six (6) days shall be considered illegal or unexcused with applicable penalties. As per School Board Policy 204, approved trip days ARE counted as part of the ten (10) days of school lawful absences, before a doctor note is required.**

**We have read School Board Policy 204 guidelines, and we are aware of the responsibilities, which we have assumed or assigned to someone else. We further agree to abide by the stipulations as set forth in the policy and guidelines.**

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

FOR SCHOOL USE ONLY:

Prior Requests: \_\_\_\_\_ Date (s): \_\_\_\_\_

Determination Number of Days Approved: \_\_\_\_\_

Number of Days NOT Approved: \_\_\_\_\_

Date: \_\_\_\_\_ School Principal or Designee: \_\_\_\_\_