

SELINGROVE AREA SCHOOL DISTRICT
329 SEALS AVENUE
SELINGROVE, PA 17870

REQUEST FOR EXCUSED ABSENCE FROM SCHOOL FOR A PREPLANNED
EDUCATIONAL TOUR OR TRIP

Directions:

1. A form needs to be completed for each building in which you have a child enrolled.
2. Return completed for to the building office. Failure to submit this form at least one (1) school day in advance of the tour or trip will result in unexcused absences.

Name(s) of Student(s)	Building	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date(s) of proposed absence _____

Number of Prior Requests this school year _____

Person(s) directing and/or supervising student(s) during above absence:

Name _____ Address _____

Please list detailed itinerary of trip including experiences which could be educational in nature and will, therefore, provide the child with some valuable experiences outside the classroom:

I (We) have read the school district policy and guidelines and are aware of the responsibilities which I (we) have assumed or assigned to someone else. I (We) further agree to abide by the stipulations as set forth in the policy and guidelines.

Parent/Guardian Signature(s) _____

Date of Request _____ Address _____

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FOR SCHOOL USE ONLY:

Number of Prior Requests _____ Dates _____

Determination: Approved _____ Conditional Approval _____ Not Approved _____

Date _____ Signature of School Official _____