METHACTON SCHOOL DISTRICT

SKYVIEW UPPER ELEMENTARY SCHOOL

**STUDENT EDUCATIONAL TRIP FORM**

Request for Absence from School

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(must be 2 weeks prior to departure)**

**Student Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Grade/Teacher**\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total number of school days absent from school** \_\_\_\_\_\_\_

**Date of absences requested** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Special Note to Parent and Student*: It is the responsibility of the parent to**

**contact the teacher in advance of the absence. No assignments will be provided**

**before the trip, but the student should keep a journal. See the back of this form for more information.**

**A maximum of five (5) days per school year will be considered as excused absences.**

**WE HAVE READ THIS FORM; WE UNDERSTAND AND WILL COMPLY.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent/Guardian**

**………………………………………………………………………………………………………**

**Teacher Signatures** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Approve \_\_\_ Disapprove\_\_\_**

**Principal’s Signature Prior # of days used \_\_\_\_\_\_**

***PARENT WILL NOT RECEIVE NOTIFICATION IF ALL DAYS ARE APPROVED***