

# Methacton School District – Educational Trip Form

## Request for Absence from School

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

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom #: \_\_\_\_\_

Dates of absence: from \_\_\_\_\_ to \_\_\_\_\_ total # of days: \_\_\_\_\_

Reason: \_\_\_\_\_

**Note:** A maximum of five (5) school days/year will be considered excused for educational trips. Please see the attached for more detailed information. It is the responsibility of the student to contact teachers for all work missed. Upon return to school, your child should submit all work missed during the absence if credit is expected. Questions/concerns should be directed to 610 489-5000 ext. 25406.

\_\_\_\_\_  
(Parent signature)

\_\_\_\_\_  
(Student signature)

Please complete the list below and return to the *attendance office* two weeks in advance of the trip. Teachers will initial indicating awareness of the proposed absence.

<u>SUBJECT</u>	<u>TEACHER</u>	<u>TEACHER INITIALS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attendance Office: \_\_\_\_\_

Previous # of days absent: \_\_\_\_\_

Administrator: approve \_\_\_\_\_ Disapprove \_\_\_\_\_

Guidance Office: \_\_\_\_\_

Home and School Visitor: \_\_\_\_\_

For office use only