

Methacton School District – College Visitation Trip Form  
Request for Absence from School

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

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_

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

College(s) visiting: \_\_\_\_\_

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Student Signature)

Please complete the list below and return to the attendance office **one week in advance** of the visit. Teachers will initial indicating awareness of the proposed absence. It is the responsibility of the student to contact teachers for all work missed. Time allowed for make-up work should not exceed twice the number of days absent.

**SUBJECT**

**TEACHER**

**TEACHER INITIALS**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**FOR OFFICE USE ONLY**

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

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

Administrator:  approve  disapprove

Guidance office: \_\_\_\_\_

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