

Methacton School District – Educational Trip Form Request for Absence from School

Date: _____

Student Name: _____ Grade: _____ Homeroom: _____

Dates of absence: from _____ to _____ = total # of Days: _____

Reason: _____

Important Note: A maximum of five (5) school days per year will be considered excused for educational trips. Please see the attached for more detailed information. It is the responsibility of the students to contact teachers for all work missed. Time allowed for make-up work should not exceed twice the number of days absent. Question or concerns should be directed to our Attendance office at (610)489-5000, ext. 25037.

Parent Signature

Student Signature

Please complete the list below and return to the attendance office two (2) weeks in advance of the trip. Teachers will initial indicating awareness of the proposed absence.

SUBJECT	TEACHER	TEACHER INITIALS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FOR OFFICE USE ONLY

Attendance Office: _____

Previous # of days absent: _____

Administrator: _____ approve

_____ disapprove

Counseling office: _____

Home and School Visitor: _____

Educational Tours and Trips