

Mt. Lebanon School District
7 Horsman Drive
Pittsburgh, PA 15228-1107

Date of Application _____

**REQUEST FOR EXCUSED ABSENCES FROM SCHOOL
FOR A PRE-PLANNED EDUCATION TOUR OR TRIP**

(One copy for each student)

Student's Full Name _____ Grade & Teacher _____

Date(s) of Proposed Absence _____ through _____ No. Days Absent _____

Person directing/supervising student during above absence:

Name _____ Address _____

The district policy on pre-approved absences is:

1. Parent or guardian will inform the principal ***IN ADVANCE*** on an approved district form of the reason for the absence. A week's notice is requested.
2. Homeroom and classroom teachers will sign this form prior to parental signature.
3. Pre-approved absence requests will ***not*** be granted during the administration of standardized tests.
4. Requests will not exceed three (3) incidents per school year.
5. Total pre-approved absences during the school year will not exceed five (5) school days.
6. All pre-approved absences will be recorded as an excused absence.

Describe an experience that will be a substitute for schooling: _____

Students are ***REQUIRED*** to complete all assignments and tests deemed necessary by the teacher(s) as a condition for the pre-excused absence.

Were there prior requests this school year? _____ Dates: _____

_____ Signature of Parent or Guardian	_____ Phone Number	_____ Date
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NOTE:

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| 1. This form is to be used in place of the written excuse | Principal's decision (initial one) |
| 2. Secondary school students must complete the back of this form. | Approved _____ |
| | Not Approved _____ |

FOR SCHOOL USE ONLY

Name _____	Grade & Section _____	Date received in school office _____
Principal's Initials:	Approved _____	Dates absent _____
	Reason given by parents _____	
	Not Approved _____	