



MIFFLINBURG AREA SCHOOL DISTRICT

MIFFLINBURG, PENNSYLVANIA 17844

REQUEST FOR EXCUSED ABSENCE FROM SCHOOL



DIRECTIONS:

1. Please complete this form.
2. If there is more than one child in a family, from more than one building, a separate form should be completed for each child. Return the completed form to the building principal's office **FIVE DAYS BEFORE THE TRIP.**
3. Upon receiving approval for the trip, students should notify their teachers and secure their assignments for the duration of their absence.
4. Educational trips **will not** be approved if they are longer than 10 days. The first day of the educational trip will be noted as an excused day of school by parent note and will count towards the 10 days of school excused by parent notes for the school year.

NAME(S) OF STUDENT(S):

_____	GRADE _____
_____	GRADE _____
_____	GRADE _____

Date(s) of proposed absence: FROM: _____ TO: _____

Person(s) directing and/or supervising student(s) during above absence:

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

ITINERARY OF TRIP: Include experiences which could be educational in nature and will, therefore, provide the child with some valuable experiences outside the classroom.

*We assume responsibility for class work and assignments being completed while on the trip and for making up work missed upon the student's return to school.

DATE: _____ PARENT SIGNATURE: _____

PARENT EMAIL ADDRESS IS REQUIRED: _____

****NO TRIP WILL BE APPROVED FOR EXCUSED ABSENCES AFTER THE TRIP HAS BEEN MADE****

FOR SCHOOL USE ONLY:

DATE SUBMITTED: _____ APPROVED _____ REJECTED _____

DATE

PRINCIPAL SIGNATURE