

**SCHUYLKILL VALLEY SCHOOL DISTRICT
EDUCATIONAL TRIP REQUEST FOR AN EXCUSED ABSENCE**

Student's Name _____ Student's Age _____
(Please Print)

Homeroom & Teacher _____ Section _____

School (Circle one): High School Middle School Elementary School

Beginning Date of Absence _____ Date Returning to School _____

Name of Adult responsible for child during this educational trip:

Name _____ Telephone #: _____
(Please Print)

Relationship to child: _____

Destination: _____

Briefly describe the educational nature of the trip and what you expect your child to learn:

I understand that my child is responsible for completing all classroom work and homework that will be missed during his or her absence. All work requested, in advance, must be completed upon his or her return to school.

Please be advised that educational trip absences, although approved, count toward your maximum of ten (10) days cumulative, lawful absences, verified by parental notification. All absences beyond ten (10) days require an excuse from a licensed physician.

I absolve the Schuylkill Valley School District and any of its employees of any liability during said period of time.

Date

Signature of Parent/Guardian

Building Principal Endorsement:

I have reviewed this request for and excused absence for participation in an educational trip/tour and it is my professional opinion that: (Check one)

- _____ This trip will be of educational value to the student.
 (___ days used; 5 maximum allowed*)
- _____ This trip will be of little educational value to the student.
- _____ This trip will be of no educational value to the student.
- _____ Will or has already exceeded the 10 day absence limit.

Date

Principal's Signature

*Any days over 5 for the year will be considered "illegal" absences.