



# Carlisle Public Schools

83 School Street Carlisle, MA 01741 Phone: 978-369-6550 Fax: 978-371-2400

## Extended Absence Due to Travel Form

Prior to any planned travel which will result in a student's absence for more than ten (10) consecutive school days, the parent/guardian is asked to complete, sign, and submit this form five (5) school days before the first date of absence. Your child will be unenrolled from school on the first date of absence and re-enroll upon their expected return to school date\*. While traveling, the parent/guardian is responsible for their child's education.

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

First Date of Absence\*\*: \_\_\_\_\_ Traveling to: \_\_\_\_\_

# of School Days During Travel: \_\_\_\_\_

Reason for Travel: \_\_\_\_\_

\_\_\_\_\_

Expected Return to School Date\*: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*To be able to process your child's re-enrollment in a timely manner, please contact the Carlisle Public Schools Registrar two (2) school days prior to your child's expected return to school date.

\*\*Please turn in all school-owned technology equipment (i.e., iPad, etc.) and library books prior to the student's first day of absence.

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