



**CONEWAGO VALLEY SCHOOL DISTRICT  
PRE-ARRANGED ABSENCE FOR EDUCATIONAL TOURS AND TRIPS**



**SECTION A  
(to be completed by Parent or Guardian)**

When an educational trip is planned which will require a student to be absent from school a **Pre-arranged Absence for Educational Tours and Trips Not School-Sponsored Form should be completed and returned to the office at least two (2) school days prior to the trip.** Educational travel is not to exceed ten (10) days during the school year. Neglecting to gain prior approval for the educational trip will result in the recording of unlawful/unexcused absences for those days absent. To be excused for an educational trip, a student must have a satisfactory scholastic (passing all classes) and attendance record (90% or better). The parent/guardian agrees to make sure the student makes up any work missed during the absence whether the absence is excused or unexcused. ***Please complete one form for each student.***

**Parents should complete Section A only.**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Dates of Absence(s): \_\_\_\_\_

Parent's Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name of Adult Person Supervising Student: \_\_\_\_\_

Reason for Absence: \_\_\_\_\_ Destination: \_\_\_\_\_

Sibling(s) Attending: \_\_\_\_\_ Building: \_\_\_\_\_

\_\_\_\_\_ Building: \_\_\_\_\_

\_\_\_\_\_ Building: \_\_\_\_\_

**NOTE:** If you wish to have a copy of this form returned to you, please check the box below. Please ensure your child acquires assignments from all of his/her subject teachers to plan ahead for the work that will be missed during the time of the trip.

I would like to have a copy of this form returned to me for my records.

I certify that the above information is correct: \_\_\_\_\_  
Signature of Parent/Guardian

**SECTION B  
(Completed by School Administrator or Advisor)**

\_\_\_\_\_ Excused Attendance %: \_\_\_\_\_ Passing Grades: Yes or No

\_\_\_\_\_ Unexcused Reason for classifying as unexcused: \_\_\_\_\_

Signature of Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION C**

**Must be signed by the student's teacher(s) only after Sections A & B have been completed to insure the procurement and completion of assignments.  
Please return to the office after obtaining all teacher signatures.**

Subject/Assignment	Teacher