



APPLICATION FOR PERMISSION FOR STUDENT EXCUSAL
DUE TO AN EDUCATIONAL/VACATION TRIP OR TOUR

Student's Name _____ Birth Date _____

Grade _____ Teacher _____

Parent's Name _____ Telephone _____

Address _____ City/State/Zip _____

Number of days to be absent from school _____

Dates of Absence _____

Request _____

Similar request has been made for brother and/or sisters.

Brothers and/or sisters: (include names, birth dates, grades, and teachers' names)

Educational benefits to be derived: _____

It is not recommended that five (5) consecutive days be taken.

Date of Application

Signature of Parent/Guardian

COMPLETE AND SUBMIT TO THE PRINCIPAL TEN (10) SCHOOL DAYS PRIOR TO THE TRIP.
(PRINCIPAL WILL RETURN COPY INDICATING ACKNOWLEDGED/APPROVAL OR DISAPPROVAL)

For Office Use Only

Date application received _____ Number of student absences to date _____

_____ Acknowledged/Approval

_____ Disapproved

If approved, absences will be excused but are cumulative
and count towards 10 cumulative absences for elementary students each year.

Comments: _____

Date _____ Principal's Signature _____