

Approved \_\_\_\_\_  
Disapproved \_\_\_\_\_

REQUEST FOR EXCUSED ABSENCE FROM SCHOOL FOR A  
PREPLANNED EDUCATIONAL TOUR OR TRIP

Please complete one (1) copy for each student. This form is to be used in place of the written excuse. Students are responsible for making up all school work.

Date of Application \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Grade & Section \_\_\_\_\_  
Date(s) of Proposed Absence \_\_\_\_\_ to \_\_\_\_\_ Number of Days Excused \_\_\_\_\_

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

Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_

Itinerary of trip. Include experiences which could be educational in nature and will, therefore, provide the student with some valuable experiences outside the classroom.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List names, grades and school of other school-age students in your family enrolled in Upper St. Clair Schools and participating in this experience.

Name	Grade	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were there prior requests this school year? \_\_\_\_\_ Dates: \_\_\_\_\_

**I certify all of the above information is true:**

\_\_\_\_\_  
Signature of Parent/Guardian Date

**FOR SCHOOL USE ONLY**

Prior requests and dates \_\_\_\_\_  
Approval \_\_\_\_\_ Disapproval \_\_\_\_\_ Date \_\_\_\_\_ Conditions \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal for the Superintendent

Student's Name \_\_\_\_\_  
Date(s), Absence(s), Reason \_\_\_\_\_

Top portion of original to Homeroom Teacher, bottom portion of original for office file. Copy to Superintendent's Office.