

# Request for Excused Absence from School

## Wilson Area School District

Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_ Section: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Please excuse \_\_\_\_\_ from

\_\_\_\_\_ School on \_\_\_\_\_.

Destination: \_\_\_\_\_

Educational Value of Trip: \_\_\_\_\_

\_\_\_\_\_

I understand that I am responsible for the education of the above named student while absent from school. I will check with school officials to determine what schoolwork can be completed under my direction and supervision during the period of absence from school.

I further affirm that this request for an excused absence from school is for the purpose of providing a new educational experience for the student involved. I accept the discretionary authority of the school principal to determine the validity of this request.

**STUDENTS WHO HAVE ACCUMULATED EXCESSIVE ABSENCES (DOCTOR EXCUSE BASIS) OR UNEXCUSED ABSENCES WILL NOT BE GRANTED EDUCATIONAL TRIP APPROVAL.** Students doing poorly in class as indicated by failures will not be granted trip approval.

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

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

\_\_\_\_\_ Tentative approval pending completion of reverse side.

\_\_\_\_\_ Approval \_\_\_\_\_

Signature of Principal

Date

\_\_\_\_\_ Previous # of Days Out  
\_\_\_\_\_ # Days Out w/ Dr. Excuses  
\_\_\_\_\_ # of Days for This Trip

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List major subjects (meet 5 or more times per week) by period.

<u>Period</u>	<u>Subject</u>	<u>Current Grade Average</u>	<u>Homework Obtained</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____

It is required that you see each teacher to obtain work for the time period requested and have each teacher initial this form. The completed work is due upon return or it will be credited as a zero (0). Partially completed work may result in partial credit.