



## **REQUEST FOR EDUCATIONAL ABSENCE**

**All requests must be made on this form and submitted to the office five (5) school days prior to the absence.**

Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Age \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_

Parent's Address \_\_\_\_\_

Date(s) of Absence \_\_\_\_\_ Number of School Days \_\_\_\_\_

Destination \_\_\_\_\_

Person under whose charge the student will be placed \_\_\_\_\_

Description of Educational Experience (*what will the student learn?*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will you be completing a Request for Educational Absence for any sibling(s)? \_\_\_\_ Yes \_\_\_\_ No. If yes, please list the sibling(s) name, grade, and school building. This information will help us to streamline our notification process.

\_\_\_\_\_

\_\_\_\_\_

### **Procedures and Stipulations:**

1. Requests for absence during the weeks of state testing (PSSA) or during the first and last ten (10) school days will not be approved, except in very unusual circumstances.
2. Requests may be denied if the student is experiencing academic, behavioral or attendance difficulties.
3. If a request is denied, and the student goes on the trip, the days of absence shall be recorded as "unlawful".
4. The student must obtain the signatures of the student's teachers (see reverse side of this form).
5. After obtaining teacher signatures, this form shall be submitted to the building administrator for pre-approval.
6. Upon returning to school, teachers shall be contacted concerning make-up work.

Note: Annual requests for educational absences will not be approved.

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

**High School**  
**Excused Absence for Educational Reasons**

At least five (5) days in advance of the anticipated absence from school, the student should submit this request to the office stating clearly the number of days of absence, a full description of the nature of the learning experience (where the student will visit and what it is hoped the student will learn), and under whose charge the student will be placed.

**Guidelines:**

1. Any student approved for an educational absence will be given the opportunity to complete any missed assignments within a time period equal to the number of school days the student was absent. (e.g. 5 days absent, 5 days to make-up work) The exceptions to this provision are for long-term assignments with pre-established due dates and for an absence at the end of a marking period. In these instances, assignments are due at the direction of the teachers.
2. If a student is experiencing difficulty in regular school work, such absences might further contribute to the problem. In such a case, parents should seriously consider the possible academic consequences of the absence (especially if it is to be lengthy).
3. Teachers are requested to communicate to a building administrator any concerns they may have about a student's requested absence.
4. In order to qualify, the educational trip must be conducted by the student's parents or another adult (i.e., 18 years or older) acceptable to the building administrator and the student's parents.

\*\*\*\*\*

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

**Student Schedule**

Period	Approve	Signature or Reason	Period	Approve	Signature or Reason
1			5		
2			6		
3			7		
4			8		

NOTE: Teachers should mark the box preceding their signature and sign indicating the student has contacted them and they approve the student being approved for the Educational Absence. If a teacher does not approve, please indicate the reason (ie. grades, behavior, prior attendance, etc) in place of a signature. Final approval (or denial) will be given by a building administrator.

-----

[ ] **APPROVED**

[ ] **DENIED**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Building Administrator

**Excused Absence for Educational Reasons  
Assignment Contract**

Student Name: \_\_\_\_\_ Date(s) of Absence \_\_\_\_\_ # of School Days \_\_\_\_\_

Period	Description of Assignments Missed	Due Date	Teacher Signature
1			
2			
3			
4			
5			
6			
7			
8			

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: Students are responsible for completing assignments within a time period equal to the number of school days the student was absent.