

Athens Area School District

Educational Trip: Request for Excused Absence(s)

****This form is to be completed and returned to the school building office at least 5 school days prior to requested absence. No requests will be honored the first or last 10 days of school, or during testing windows. Please complete one form per student.****

Student Name: _____ Grade: _____

Does the student have a sibling(s) in the District that will also be requesting absences?

Yes: _____ No: _____

If yes, please list (include name, grade, and school): _____

1. How many school days will the student be absent? (Up to 5 are permitted throughout the duration of the school year): _____

2. What dates are being requested? : _____

3. What is the trip destination? : _____

4. Has the student been to the above destination? : _____

If yes, how many times? : _____

5. Please list several educational activities that are planned during the trip: _____

*****Students are responsible for completing any missed assignments. All assignments must be submitted within 3 calendar days of last requested absence date.*****

Parent/Guardian Signature

Date

Approved: _____ Not Approved: _____ Additional Information Needed: _____
Info Needed : _____

Principal's Signature

Date