Request for Excused Absence from School

Wilson Area Intermediate School / Wilson Area School District

Student Name:_____ Student #:_____ Section:_____

Today's Date:_____

Please excuse _____ from

Wilson Area Intermediate 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. Students are required to see each teacher to obtain work for the time period requested. The completed work is due upon return or it will be credited as a zero (0). Partially completed work may result in partial credit.

I further affirm that this request for an excused absence (**not to exceed 5 days**) 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.

Any educational trip days that are approved will be recorded as excused absences, thus making your child ineligible for perfect attendance for the academic year.

Parent/Guardian Signature: _____

Relationship to Child: _____

Address: _____

_____

Home Phone # _____ Work Phone # _____

FOR OFFICE USE ONLY:

SEE ATTACHED CURRENT GRADE REPORT

_____ Previous # of Days Out

_____ # of Days for This Trip

_____ # Days Out with Dr. Excuses

_____ Previous # of Educational Trip Days

_____ # Previous Unlawful Absences

_____ Approved _____ Denied

_____ _____

Signature of Principal *Date*

Revised 07/15
Forms/ExAbReq