

# Request for Excused Absence from School

## Wilson Area School District

Student Name: \_\_\_\_\_ 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 (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 # \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

\_\_\_\_\_ Teacher's Initials

\_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_  
*Signature of Principal* *Date*

\_\_\_\_\_ Previous # of Days Out  
\_\_\_\_\_ # Days Out w/ Dr. Excuses  
\_\_\_\_\_ # Previous Unlawful Absences

\_\_\_\_\_ # of Days for This Trip  
\_\_\_\_\_ Previous # of Educational Trip Days