

**GREENVILLE AREA SCHOOL DISTRICT**  
9 Donation Road, Greenville, PA 16125  
*Where Every Child Is A Candidate For Greatness*

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**Request For Excused Absences From School For A Pre-Planned Educational Tour or Trip**  
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Student's Name \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Date(s) of Proposed Absence \_\_\_\_\_ to \_\_\_\_\_ Number of days Requested \_\_\_\_\_

**PER PDE REGULATIONS, FIVE (5) DAYS PER YEAR WILL BE PERMITTED**

Person(s) directing and/or supervising student during above absence:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Students are responsible for meeting with each teacher before leaving and for making up all school work within Five Days upon return.

**DESTINATION:** \_\_\_\_\_  
(city/state/country)

**Itinerary of trip.** Include experiences which could be educational in nature and will, therefore, provide the student with some valuable experience outside of the classroom. (Use back if more space is necessary)

\_\_\_\_\_  
\_\_\_\_\_

List names, grades and school of other school-age students in your family enrolled in Greenville Area Schools and participating in this experience.

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Were there prior requests this school year? \_\_\_\_\_ Dates \_\_\_\_\_

**I certify all of the above information to be true.**

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

Note: This form is to be used in place of a written excuse.

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**FOR SCHOOL USE ONLY**

**Prior Requests and Dates:** \_\_\_\_\_

**Approval:** \_\_\_\_\_ **Disapproval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Conditions:** Student will get assignments ahead of time, make up work upon return, and write a short one-page summary of the trip.

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Superintendent's Signature

Original for office file. Copies to parents and superintendent.