

Lowellville K-12 School

52 Rocket Place, Lowellville, Ohio 44436

REQUEST FOR EXCUSED ABSENCE FROM SCHOOL FOR A PRE-PLANNED EDUCATIONAL TOUR OR TRIP

Student's Name _____ Grade: _____

Date(s) of Proposed Absence (FIVE (5) DAYS EXCUSED ABSENCE PER YEAR FOR PRE-PLANNED TRIPS/VACATIONS)

1) _____ 2) _____ 3) _____ 4) _____ 5) _____

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

Name: _____

Address: _____

Itinerary of trip: Include activities that will be educational in nature and will provide the child with valuable experiences outside the classroom.

STUDENTS ARE RESPONSIBLE FOR MAKING UP ALL SCHOOL WORK MISSED DURING VACATION

PERIOD	SUBJECT	TEACHER SIGNATURE	ASSIGNMENT ISSUED	
1			YES	NO
2			YES	NO
3			YES	NO
4			YES	NO
5			YES	NO
6			YES	NO
7			YES	NO
8			YES	NO
9			YES	NO

I certify all of the above information to be true and I have reviewed my child's handbook regarding the necessary criteria in order for this educational tour or trip to be approved.

Signature of Parent/Guardian

Date

NO TRIPS WILL BE APPROVED DURING STATE-MANDATED ASSESSMENTS AND/OR FINALS
FOR SCHOOL USE

Number of days absent this school year: _____ Number of days tardy this school year: _____

Determination Approved: _____

Not Approved: _____