

EAST STROUDSBURG AREA SCHOOL DISTRICT
REQUEST FOR PERMISSION FOR STUDENT ABSENCE
FOR A NON SCHOOL DISTRICT SPONSORED EDUCATIONAL TRIP OR TOUR

NOTE: This form must be completed and submitted to the school principal at least ten (10) days prior the trip/tour.

Student's Name _____ Telephone # _____

School _____ Grade _____

Name of Parent(s)/Guardian(s) _____

Address _____

Dates of Absence _____ Number of Days to Be Absent From School _____

Reason for Request _____

If a similar request has been made to other schools of the school district for brothers and/or sisters, please indicate the names of brothers and/or sisters and the schools they attend:

<u>Name</u>	<u>School</u>
_____	_____
_____	_____
_____	_____
_____	_____

Educational benefits to be derived from trip or tour:

I hereby certify the above information to be correct.

_____ Date of Application _____ Signature of Parent(s)/Guardian(s)

----- Detach Here -----

FOR SCHOOL USE ONLY: The school principal will return this portion indicating approval or disapproval, maintaining a copy for the school files.

Date Application Received _____ Number of Student Absences to Date _____

Academic requirements have been met (*Circle one*): YES NO

This trip/tour request is (*Circle one*): Approved Disapproved

_____ Date _____ Principal's Signature

Additional Comments _____