Northwestern Lehigh School District
EDUCATIONAL TRIP REQUEST

Please use this form if you wish to request an excused absence for an educational trip. This form must be submitted at least five (5) school days before the date of your educational trip. Please complete one form per child and submit this completed form to the principal of the school which your child attends.

Educational Trips may be excused upon approval from the building principal. A student will be permitted to take an educational trip(s) and receive an excused absence if the total number of absences days in a given school year does not exceed ten (10) and provided the parent/guardian complies with the requirements of Board Policy 204.

Educational trips that occur during the first and last week of the school term / semester are discouraged.

Educational trips will not be excused during the PSSA or Keystone Exam assessment testing dates.

Disapproved trips will be treated as unexcused absences from school and subject to compulsory attendance laws.

Whenever possible, educational trips should be taken when school is not in session.

Name of child ________________________ Grade _____   School Building _______________________

Teacher(s) ____________________________________________________________________________

Date(s) of absence ________________________   Destination _________________________________

Educational aspects of trip _________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Parent/Guardian’s signature ___________________________ Date ____________________________

Address ______________________________________________________________________________

Daytime telephone number ________________________________

Email address ____________________________________________

Office Use Only

Date Received _______________ Number of Total Absences _______ Approved _______ Disapproved _______

from absence record No. of days No. of days

Principal’s Signature ___________________________ Date of Decision ______________________

______ The approval of this request exceeds 10 days absent this school year and the student will be required to obtain & submit a doctor’s excuse for all future absences for consideration for excused absences.