

CLAYSBURG-KIMMEL ELEMENTARY SCHOOL

240 CK ELEMENTARY DRIVE

CLAYSBURG, PA 16625

REQUEST FOR EXCUSED ABSENCE FROM SCHOOL FOR A PREPLANNED EDUCATIONAL TOUR OR TRIP

STUDENT'S NAME

GRADE

TEACHER'S NAME

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DATE (S) OF PROPOSED ABSENCE \_\_\_\_\_ TO \_\_\_\_\_

PERSON(S) DIRECTING AND/OR SUPERVISING STUDENTS DURING ABOVE ABSENCE.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ITINERARY OF TRIP: INCLUDING EXPERIENCES WHICH COULD BE EDUCATIONAL IN NATURE, AND WILL THEREFORE PROVIDE THE CHILD WITH SOME VALUABLE EXPERIENCES OUTSIDE THE CLASSROOM.

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

PARENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



(For School Use Only)

Approved \_\_\_\_\_

Conditional Approval \_\_\_\_\_

Not Approved \_\_\_\_\_

Date: \_\_\_\_\_

School Official : \_\_\_\_\_

