

SELINGROVE AREA SCHOOL DISTRICT  
329 Seals Ave  
SELINGROVE, PA 17870-1198

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

**Directions:**

1. A form needs to be completed for each building in which you have a child enrolled.
2. Return completed for to the building office. Failure to submit this form at least one (1) school day in advance of the tour or trip will result in unexcused absences.

Name(s) of Student(s)	Building	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date(s) of proposed absence \_\_\_\_\_

Number of Prior Requests this school year \_\_\_\_\_

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

Name \_\_\_\_\_ Address \_\_\_\_\_

Please list detailed itinerary of trip including experiences which could be educational in nature and will, therefore, provide the child with some valuable experiences outside the classroom:

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

I(We) have read the school district policy and guidelines and are aware of the responsibilities which I(we) have assumed or assigned to someone else. I(We) further agree to abide by the stipulations as set forth in the policy and guidelines.

Parent/Guardian Signature(s) \_\_\_\_\_

Date of Request \_\_\_\_\_ Address \_\_\_\_\_



**FOR SCHOOL USE ONLY:**

Number of Prior Requests \_\_\_\_\_ Dates \_\_\_\_\_

Determination: Approved \_\_\_\_\_ Conditional Approval \_\_\_\_\_ Not Approved \_\_\_\_\_

Date \_\_\_\_\_ Signature of School Official \_\_\_\_\_