

ST. MARYS AREA SCHOOL DISTRICT  
977 South St. Marys Road  
St. Marys, PA 15857

EDUCATIONAL TEMPORARY ABSENCE FORM

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Dates of Trip: \_\_\_\_\_ Number of school days to be missed: \_\_\_\_\_  
(Use dates from first day of absence to last day of absence.)

Destination(s): \_\_\_\_\_

Signature(s) of Parent/Guardian Accompanying the Student: \_\_\_\_\_

1. Number of days student has been absent to date (current school year): \_\_\_\_\_
2. Number of times student has been tardy to date (current school year): \_\_\_\_\_
3. **It is the responsibility of the student to secure all assignments from his/her teachers prior to the trip.**

**Itinerary**

Anticipated EDUCATIONAL objectives of the trip and expected outcomes for children. If you have any questions, please contact your principal for guidance and assistance. If additional space is required, please use reverse side. Examples: (1) The student will visit historical sites. (2) The student will become more familiar with the geography of the Mid-West.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Signature of Parent(s)/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_

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Approved \_\_\_\_\_

Denied \_\_\_\_\_

Signature of Principal/Assistant Principal: \_\_\_\_\_ Date: \_\_\_\_\_