ST. MARYS AREA HIGH SCHOOL

PARENTAL REQUEST FOR EDUCATIONAL TOURS AND TRIPS NOT SCHOOL SPONSORED

DATE OF REQUEST (Please submit at least five	(5) school days in ad	vance of trip):		
STUDENT:	GRADE:	STUDENT ID _		
ADDRESS:	PHONE:	FIRST PD		
We the parent/guardian ofStudent's Name	wish to have l	nim/her excused from sch	ool	
onthrough Date	Date	for the purpose of what	we consider an	
educational trip. The following is a description of the educa		•		
Students who have been excused from school on those days away from school.	ool for Parental Tr		Parent/Guardian KED ABSENT from	
Note: No trip will be approved for any student with more than five (5) days of abs legal or not. Principals shall have the authority to sponsored educational trips if, in their judg educational process Attention	sence per semester o limit the number gment, these absen endance Policy # 204	or ten (10) days of ab of days of excused ab	osence overall, whether osences for parent- ntal to the student's	
	ISTRICT USE O			
EXCUSED ABSENCES	UI	UNEXCUSED ABSENCES		
PREVIOUS APPROVED ET TRIPS	APPROVEI	UNAP	PROVED	
Signature of the Principal		Date		

FILE

ATTENDANCE SECRETARY

COPY TO:

STUDENT