

BETHLEHEM AREA SCHOOL DISTRICT
Bethlehem, Pennsylvania

APPLICATION FOR PERMISSION FOR STUDENT EXCUSAL DUE TO AN
EDUCATIONAL/VACATION TRIP OR TOUR

(Use ballpoint pen. Press hard. You are making three copies.)

Student's Name: _____ Birth Date: _____
Grade: _____ School: _____
Parent's Name: _____ Telephone: _____
Address: _____
Number of days to be absent: _____ Dates of Absence _____
Destination: _____

A similar request has been made to other schools for brothers and/or sisters. Brothers and/or sisters attend the following BASD schools: _____

Reason for Request and Educational Benefits: _____

Please be advised that with intensive scheduling in high schools, it is not recommended that five (5) consecutive days be taken.

Date of Application

Signature of Parent/Guardian

COMPLETE AND SUBMIT ALL COPIES TO THE PRINCIPAL FIVE (5) SCHOOL DAYS PRIOR TO THE TRIP. BUILDING PRINCIPAL WILL RETURN PARENT COPY INDICATING APPROVAL OR DISAPPROVAL

For Office Use Only

Date application received: _____ Number of absences _____

Number of educational/vacation trip/tour days to date _____

See Guidelines #1, #2, #3 on reverse side.

Approved

Disapproved

If approved, absences will be excused but cumulative and count towards the 10 cumulative absences allowed elementary students and the 10 cumulative absences allowed secondary students each year.

Comments:

Date

Principal Signature

White: School Canary

Student Guidance Folder

Pink - Parent Copy