

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: _____

Approved _____ Denied _____

Signature of Principal/Assistant Principal: _____ Date: _____

THE ST. MARYS AREA MIDDLE SCHOOL REQUIRES THAT STUDENTS NOTIFY THEIR TEACHERS OF THEIR PLANNED EDUCATIONAL TRIP AND MAKE ARRANGEMENTS TO COMPLETE ASSIGNMENTS IN THEIR ABSENCE. TEACHER SIGNATURES BELOW INDICATE ACKNOWLEDGEMENT OF THE PLANNED ABSENCE.

	<u>Date Reviewed</u>	<u>Teacher Signature</u>
1 st Period	_____	_____
2 nd Period	_____	_____
4 th Period	_____	_____
5 th Period	_____	_____
6 th Period	_____	_____
7 th Period	_____	_____
8 th Period	_____	_____

SCHOOL USE ONLY

Number of absence EXCUSED _____

Number of absence UNEXCUSED _____

Approved _____

Disapproved _____

Principal's Signature

Date