

PARENT REQUESTED ABSENCE

(Circle one)

FAMILY TRIP

COLLEGE VISIT

MEDICAL

A pupil may be permitted to take a parent-requested trip(s) each year, not to exceed five (5) school days, and receive an excused absence. It is ENTIRELY the responsibility of the student to prepare IN ADVANCE to make up and be prepared to continue with his/her group upon returning to class. **Juniors and Seniors** may also plan **two (2)** college visit days per year, and must bring verification of the visit from the college officials to the Attendance Office upon returning. These trips should be planned on non-school days when possible.

NO PERMISSION WILL BE GRANTED FOR TRIPS ON EXAM DAYS OR RETREAT DAYS.

Pupil's Name: _____

Today's Date: _____ Grade: _____ Homeroom: _____

Parent/Guardian Name: _____

Address: _____

DATES of planned absence(s) from school: _____

NUMBER of school days to be missed: _____

Place or places to be visited: _____

Educational benefit to the student: _____

Other McDevitt student in our household who will attend this trip: _____

Name(s) _____ Grade(s) _____ Homeroom(s) _____

I certify that the above information is correct and request that permission be granted for the trip to be excused. I understand that my student is required to show this form to all his/her teachers **BEFORE** the date of the trip and complete form below. Also, I understand the need to make a confirming phone call to the Attendance Office at 717-236-0161 at the time of the absence. _____

Signature of Parent/Guardian

INSTRUCTIONS TO STUDENTS

*This form is to give your teachers an opportunity to inform you of work you may miss, and for which you will be held responsible when you return to class. The teachers' signatures in the chart below indicate that they have been given **ADVANCE** notice of the dates of your planned absence, and that they have been given the option of informing you **IN ADVANCE** of the work you'll need to do in order to remain at pace with the class. Any teacher's signature missing from this chart indicates that you may be held accountable for work the first day you return to class, even though you did not check to see what work would be required. This could result in **FAILING** grades for that work.*

<u>SUBJECT</u>	<u>TEACHER SIGNATURE</u>	<u>ASSIGNMENT (OPTIONAL)</u>

Office use only

Approved _____ Number of excused days _____ Number of unexcused days _____

Not Approved _____ Reason _____