

**NORTHEASTERN SCHOOL DISTRICT
REQUEST FOR AN EXCUSED ABSENCE FROM SCHOOL
FOR PRE-PLANNED TRIP**

(Submit a separate form for each child in a different building)

Parent's/Guardian's Name: _____

Address: _____
(Street Address/P.O. Box) (City) (Zip)

Proposed Dates of Absence: (From) _____ (To) _____ (inclusive)
Educational trips may not exceed five (5) school days per school year.

Full names of students in the family unit who will be participating:

<u>NAME</u>	<u>GRADE</u>	<u>BUILDING</u>	<u>TEACHER (Elem. Only)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Person(s) directing and/or supervising student during absence if other than parent:
Name: _____ Address: _____

Itinerary of Trip: **Provide the locations to be visited and briefly explain the educational value the child will experience as a result of this visit.** (Failure to explain the educational value of the trip may delay the approval process or result in a denial.)

Telephone Number Signature of Parent or Guardian Date
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FOR SCHOOL USE ONLY:

Prior requests this year: _____ Dates: _____

Comments by Principal: _____

Approved: _____

Disapproved: _____

Conditions: _____

Date Principal's Signature