

Southern Lehigh School District

5775 Main Street Center Valley, PA 18034

EDUCATIONAL TRIP REQUEST

Dear Parent/Guardian:

Absences due to Educational Trips may be excused if approved by the Building Principal in advance. Please complete the form on the following page if you are requesting pre-approval for an educational trip. Submit the completed form to the principal no later than **10 days prior to the date** of your planned educational trip. One form must be submitted for each child. When planning an educational trip, we request that you keep the following in mind:

Academic Concerns

Absences from school may have an adverse effect on the academic achievement and grades of students. If your child is experiencing difficulty with course work or receiving poor grades, it is our recommendation that the requested trip be planned on non-school days.

It is the responsibility of the student and parent to notify individual teachers of an anticipated absence and to make up all work and tests missed. The student should see teachers upon returning to insure that all assignments have been completed.

Excessive Absenteeism

Excessive absenteeism generally results in decreased academic achievement. In an effort to prevent this, Southern Lehigh schools will communicate with parents on a timely basis through teachers, counselors, administrators and through letters, electronic communication, and conferences.

The principal/assistant principal reserves the right to require verification of illness by a doctor's excuse or attendance at an appointment/judicial appointment at any time.

Absences in excess of 10 school days in a given school year must be covered by a doctor's excuse or they may be considered unexcused. If an illness is chronic or severe such that extended or frequent absence is anticipated, a doctor's excuse should be presented to the school nurse. This excuse should explain the nature of the illness.

Time away from school for educational trips counts toward the 10 day limit. In exceptional situations, an administrator may waive this limit after a thorough review of all circumstances. (Reference Title 22, Section 11.26; SLSD Policy No. 204 Attendance)

Any unexcused absence may result in the loss of credit for any work missed on the day of absence.

Thank you for your cooperation,

Southern Lehigh School District



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| Student Name: | | | |
|----------------------------------|--|---|-------------------|
| | | | |
| School: | | | |
| | | | |
| Grade: Homero | om Teacher: | | |
| Responsible Adult(s) in wh | ose company the student v | will be: | |
| | | | |
| Date(s) of Absence: From _ | To | Date to return to School | |
| Destination and Education | al aspects of the trip: | | |
| | | | |
| | | | |
| | | | |
| Daniel de Name | | | |
| Parent's Name: | | | |
| | | | |
| Phone Number: | I | Email Address: | |
| | | | |
| rarent's Signature. | | | Date: |
| | | | |
| | E SUBMITTED TO THE Is contacted if there is a prob | PRINCIPAL NO LATER THAN 10 plem with this request.) | DAYS PRIOR TO THE |
| | | | |
| FOR OFFICE USE O | NLY: | | |
| \Box APPROVED | PRINCIPAL'S INITIALS: | · | |
| □DISAPPROVED | PRINCIPAL'S INITIALS | · | |