

PEN ARGYL AREA SCHOOL DISTRICT

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

Student's Name _____ Birth Date _____

Grade _____ School _____

Parent's Name _____ Telephone _____

Address _____

Number of days to be absent from school _____

Dates of Absence _____

Request _____

Educational benefits to be derived: _____

Date of Application

Signature of Parent/Guardian

For Office Use Only

Date application received _____

Number of student absences to date _____

Acknowledged/Approved Disapproved

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

Comments:

Date

Principal's Signature