

NORTHERN LEBANON SECONDARY SCHOOLS



REQUEST FOR AN EXCUSED ABSENCE FROM SCHOOL FOR A PRE-PLANNED EDUCATIONAL TRIP OR A MEDICAL ABSENCE

This form must be submitted to the Main Office PRIOR to the student's absence.

No Trip will be approved as an excused absence after the trip is taken.

Medical absences will require a doctor note to be furnished for the absence to be excused.

Date(s) of Proposed Absence _____ # of school days _____

Name of Student _____ Grade _____ Student # _____

Person supervising student during the above absence: _____

Telephone # _____ Address _____

Circle reason for absence: Vacation Medical College Visit Farm Show Other _____

Itinerary of Trip: Include experiences which are educational in nature and will provide the student with valuable experiences outside the classroom:

Please review the attendance policy as stipulated in the student planner.

Parent Signature/ Printed Name _____ Phone # _____

Verification of Teacher Notification & work assigned to student while absent

Period 1 _____ Period 4 _____ Period 7 _____

Period 2 _____ Period 5 _____ Period 8 _____

Period 3 _____ Period 6 _____ Period 9 _____

Period 10 _____

I am a : **FULL DAY CTC STUDENT** **AM CTC STUDENT** **PM CTC STUDENT**

*CTC Students must take a copy of the completed form to remit to CTC attendance.

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FOR SCHOOL USE ONLY

Date Request Rec'd in Office _____

Prior Requests (dates) _____ Attendance _____

Pre-Approval Approved _____ Conditional Approval _____ Not Approved _____

Date _____ Admin. Signature _____

Dr. Note Rec'd _____ College Visit Note Rec'd _____ Other Note Rec'd _____

