



NAZARETH AREA SCHOOL DISTRICT

REQUEST FOR EXCUSAL FROM SCHOOL: FAMILY EDUCATIONAL TRIP

Parent/Guardian: _____

List all NASD students for whom you are requesting excusal from school	Grade	School of Attendance

My student(s), listed above, will be traveling to _____, which will necessitate _____ days of absence from school beginning _____ and extending through _____. The purpose of the intended trip and the involved travel will be a positive, educational experience for my student(s), and I acknowledge the following:

- I understand that a copy of this request must be presented to each of my children’s schools ten (10) days prior to the requested absences.
- I understand that a maximum of five (5) days are permitted for educational trips in a given school year.
- I understand that school absences due to educational trips beyond the maximum of five (5) days may be considered unexcused and unlawful for students under the age of 18.
- I understand that permission will not be granted during the state’s standardized testing periods.
- I understand that permission might not be granted for students whose current attendance record indicates a pattern of habitual truancy.

Parent/Guardian signature _____ Date: _____

Administrative Approval Signature: _____ Date: _____

Administrative Denial Signature: _____ Date: _____