

Sellersville Elementary School
122 West Ridge Avenue
Sellersville, PA 18960

REQUEST FOR EDUCATIONAL TRIP
(to be completed by Parent or Guardian)

Date _____

_____, _____,

student name/grade/teacher

student name/grade/teacher

student name/grade/teacher

will be absent from school attendance on _____, missing _____ days of school,
to participate in an educational trip.
dates of absence number

Trip Description: _____

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Parent/Guardian Signature

Thank you for completing the educational trip form for your child(ren).

It is important to note that regular school attendance is essential to the successful completion of any education program. Pennsylvania law states, "A maximum of ten days of cumulative lawful absences *verified by parental notification* may be permitted during a school year. All absences beyond ten cumulative days should require an excuse from a physician."

Please note, that as of _____, by taking this educational trip:
Date

_____ will have only _____ additional days of absence and then a doctor's note will be required.

_____ will have only _____ additional days of absence and then a doctor's note will be required.

_____ will have only _____ additional days of absence and then a doctor's note will be required.

- () Approved
- () Disapproved

Building Principal

Date