

OTTO-ELDRED SCHOOL DISTRICT EDUCATIONAL TRAVEL

Pennsylvania law defines absences as excused when a student is prevented from attendance for mental, physical, or other urgent reasons. Otto-Eldred School District considers illness, family emergency, death of a family member, medical or dental appointments, authorized school activities, and educational travel with prior approval as the only lawful absences.

Below is clarification of the process for requesting an excused absence related to *Educational Travel*:

- Requests must be received by the superintendent from the parent or guardian prior to the date(s) requested.
- Request must include the educational value of absence, specifically, the location the student is traveling and the activities that will take place that could be considered of educational value.
- Request must include the parent/student effort to gather missed classroom work in advance of the absence and a due date for missed work to be completed.
- A plan to share the educational trip with the student's class may also be included and would enhance the value of the educational trip.
- Additional information or clarification may be requested by the building principal or superintendent.
- Denied requests will result in an illegal absence for students.

Request for educational travel can be submitted to either building main office or the district office. A response will be provided to parents within one week of receipt of request.

OTTO-ELDRED SCHOOL DISTRICT
REQUEST FOR PERMISSION TO PARTICIPATE IN EDUCATIONAL TRAVEL

Student's Full Name: _____ **Grade:** _____

Name and grade of other students in your family who are also requesting permission for this educational trip:

(1): _____ **(2):** _____
(Name, Grade) (Name, Grade)

Parent/Guardian's Name: _____

Contact Phone: _____ **Contact Email:** _____

Dates of Absence: _____

Number of days to be absent from school: _____

Primary Purpose of Trip:

Educational benefits to be derived:

I certify the above information to be correct:

Signature of Parent/Guardian **Date**

(FOR DISTRICT OFFICE USE ONLY)

Approved

Disapproved, Reason: _____

Signature of Superintendent **Date**

Copies sent to: Parent/Guardian Attendance Secretary

**Note 1: Approved days will be marked excused. Disapproved days will be marked unexcused/illegal.*

**Note 2: If approved, please have your son/daughter gather classroom work in advance.*