

**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

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**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