

Methacton School District – College Visitation Trip Form Request for Absence from School

Date: _____

Student Name: _____ Grade: _____ Homeroom: _____

Dates of absence: from _____ to _____ - total # of days: _____

College(s) visiting: _____

(Parent Signature)

(Student Signature)

Please complete the list below and return to the attendance office **one week in advance** of the visit. Teachers will initial indicating awareness of the proposed absence. It is the responsibility of the student to contact teachers for all work missed. Time allowed for make-up work should not exceed twice the number of days absent.

SUBJECT	TEACHER	TEACHER INITIALS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FOR OFFICE USE ONLY

Attendance Office: _____

Previous # of days absent: _____

Administrator: approve disapprove

Guidance office: _____

Home and School Visitor: _____