

**SECONDARY APPLICATION TO BE ABSENT FROM SCHOOL FOR  
AN EDUCATIONAL TRIP OR TOUR DURING COVID-19**

We are kindly asking that you please provide your travel destination (city, state, country, etc.) information during COVID-19 and that you monitor the DoH's COVID Information for Travelers by visiting <https://www.health.pa.gov/topics/disease/coronavirus/Pages/Travelers.aspx>. Students who travel to one of the locations listed on this site will be required to quarantine for 14 days upon their return to PA and to participate in BASD Virtual Learning during their quarantine.

**TRIP DESTINATION:** \_\_\_\_\_ (city, state, or country, etc.)

Parents: Please complete the following information and submit to your building principal at least 2 days in advance of any planned educational trip. Please complete this form for each school age child involved in the trip. Thank you.

To be completed by parent:

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Grade/Section \_\_\_\_\_ Phone No. \_\_\_\_\_ (home) \_\_\_\_\_ (work)

Requested Dates of Absence \_\_\_\_\_

Nature and Reason for Absence \_\_\_\_\_

Educational Benefits to be Derived \_\_\_\_\_

I certify the above information to be correct and understand the Boyertown Area School District Excused Absence Agreement.

\_\_\_\_\_ Date of Application

\_\_\_\_\_ Signature of Parent/Guardian

To be completed by student:

**BOYERTOWN EXCUSED ABSENCE AGREEMENT**

I have seen all of my major teachers and have received the work required in each of my courses. I understand that all of this work must be handed in to my teachers at the date specified following my return to school. Work not handed in will have a negative effect on grades.

Dates of Absence \_\_\_\_\_ Student Signature \_\_\_\_\_

Makeup work including tests must be completed by \_\_\_\_\_  
(No later than 3 school days after returning to school)

Teachers:

Subject	Comment	Initials*	Subject	Comment	Initials*
<u>Language Arts</u>	_____	_____	_____	_____	_____
<u>Math</u>	_____	_____	_____	_____	_____
<u>Social Studies</u>	_____	_____	_____	_____	_____
<u>Science</u>	_____	_____	_____	_____	_____

\*Teachers initial indicate that they are aware of the requests and have provided assignments. Teachers should speak personally with the principal if they have concerns regarding this request.

**FOR OFFICE USE ONLY**

Student # \_\_\_\_\_

Date Application Received \_\_\_\_\_

Number of Student Absences to Date \_\_\_\_\_

Approved \_\_\_\_\_  
Disapproved \_\_\_\_\_

Comments: \_\_\_\_\_

Excused \_\_\_\_\_  
Unexcused \_\_\_\_\_  
Tardiness \_\_\_\_\_  
Ed. Trip \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Principal