BOYERTOWN AREA SCHOOL DISTRICT Boyertown, Pennsylvania 19512

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. We require that you follow the PA DoH Order /Guidelines in effect at the time of your return to PA. Please visit the PA Department of Health's Information for Travelers Web page for the latest Information.

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) (wo | k) |
| Requested Dates of Absence | | |
| Nature and Reason for Absence | | _ |
| Educational Benefits to be Derived | | _ |
| I certify the above information to be correct and understa | nd the Bovertown 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* |
|----------------|---------|-----------|---------|---------|-----------|
| Language Arts | | | | | |
| Math | | | | | |
| Social Studies | | | | | |
| Science | | | | | |

*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 OFF | ICE USE ONLY | |
|--|-----------|------------------------------------|---|
| Student # | | | |
| Date Application Received Approved Disapproved | Comments: | Number of Student Absences to Date | Excused Unexcused Tardiness Ed. Trip |
| Date | | Signature of Principal | |
| She hard you a | | | Rev. October 2020 |