

Note: This applicati	on must be submitted at le	east five school o	<u>lays befo</u>	<u>re the trip.</u>
Student Name:				
Student's Address:				
Grade:				
I hereby apply to be	e excused from school from	m	to	
		(date)		(date)
to go to				
	(de	estination)		
My teachers, who and days to date. Student's Signature	re aware of this absence, l			e missed
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Teacher Initials	s and Grade to Date	Appro	oval	Disapproval
Subject 1		Re	Reason for Disapproval	
Subject 2				
Subject 3				
Subject 4				
Subject 5				
Subject 6				
Subject 7				

The Cape Henlopen School District is an equal opportunity employer and does not discriminate on the basis of race, color, creed, religion, gender (including pregnancy, childbirth and related medical conditions), national origin, citizenship or ancestry, age, disability, marital status, veteran status, genetic information, sexual orientation, or gender identity, against victims of domestic violence, sexual offenses, or stalking, or upon any other categories protected by federal, state, or local law. Ned Gladfelter, Employee/Student Compliance Officer: OCR/Title IX/504 Office of Human Resources; LouAnn Hudson, Student 504 Compliance Officer, 1270 Kings Highway, Lewes, DE 19958.