



Cape Henlopen School District

Agreement for Absence from School for an Extended Trip/Vacation

Note: This application must be submitted at least five school days before the trip.

Student Name: _____

Student's Address: _____

Grade: _____

I hereby apply to be excused from school from _____ to _____
(date) (date)

to go to _____
(destination)

I understand that the days missed will be recorded as absence from school the same as for illness (excused). It will be my responsibility to make every effort to keep up with the class while I am away. It will be necessary for me to make up all written materials, tests and reading assignments which are conducted during my absence.

My teachers, who are aware of this absence, have initialed below. I have missed _____ days to date.

Student's Signature **Parent's Signature** **Principal's Signature**

Teacher Initials and Grade to Date		
Subject 1		
Subject 2		
Subject 3		
Subject 4		
Subject 5		
Subject 6		
Subject 7		

<input type="checkbox"/> Approval	<input type="checkbox"/> Disapproval
Reason for Disapproval	