Saucon Valley School District

Request for Approved Absence from School More Than ONE Day

This form should be used to request an absence for approved reasons for your child. If more than one child will be absent from a Saucon Valley School, please indicate the other children and the school they attend.

Please see SVSD Policy #204 Attendance Section 11.21 for further clarification.

Name: _____________________________   Grade _____   School: ____________________

Dates: First Date of Absence ____/____/______   Last Date of Absence: _____/_____/______

Total number of school days being missed: __________

Reason for Absence
(Choose ONE only)

_____ Appointment other than medical

_____ Educational Tour or Trip where there is a clear educational value rather than a vacation or pleasure trip
(Describe tour/trip in space at right)

_____ Family Travel
(Describe in space at right)

_____ Religious Holiday

Other Children in Saucon Valley Schools:

Name: _____________________________   Grade _____   School: ____________________

Name: _____________________________   Grade _____   School: ____________________

Name: _____________________________   Grade _____   School: ____________________

Parent Name and Signature: _____________________________________________

Principal Approval ~

Total Days Absent this Year (including this request) ________   Comments: ____________________________

( ) Excused Absence   ( ) Unexcused Absence

Principal: _________________________________________   Date: ____________________________

Copies:  Student file    Parent/Guardian    Counselor