

Fort Cherry School District

110 Fort Cherry Road
McDonald, PA 15057
724.796.1551 phone/724.796.0065 fax

Mr. Thomas J. Samosky, Superintendent
Mrs. Mary C. Burford, Business Manager
Dr. Brian S. Harvey, Director of Pupil Services

The children are the focus...working together is the method.

EDUCATIONAL TRIP/TOUR REQUEST FORM

ONE COPY PER STUDENT

Attendance is an important factor in educational success. The Fort Cherry School District's Attendance Policy (204) includes educational trips/tours as a reasonable absence from school provided that the following conditions are met:

1. The parent/guardian submits a written request for excusal 14 calendar days in advance on the provided District approved form.
2. Educational trips/tours may not be approved during the administration of standardized tests or semester exams, first/last week of school, and if a student is in poor academic standing.
3. Total pre-approved education trip absences during the school year will not exceed **five** school days.
 - a. Requests beyond five days will require a conference with the building principal.
4. All pre-approved absences will be recorded as an excused absence.
5. This form is to be used in place of the written excuse.
6. Students are responsible for making up all schoolwork.

Requests will NOT be approved for students considered truant (3 unlawful absences), habitually truant (6 unlawful absences) or have exceeded the parentally excused absence amount of (10 total days).

Date of Application _____

Student's Full Name _____ Grade/Homeroom _____

Date(s) of Proposed Absence _____ to _____ Number of Days Requested _____

Other requests this school year? ☐ Yes ☐ No Dates: _____

Describe the trip. Include experiences which could be educational in nature and will, therefore, provide the student with some valuable experiences outside the classroom.

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Signature of Parent/Guardian _____

If above procedure is not completed, any absence will be considered illegal. Educational trips are to equal no more than five (5) days in a school year. In addition, trips will not be approved during state standardized testing periods, and/or for students with ten (10) or more absences.

To be completed by student's teachers.

Teacher	Subject	Comment/Assignments	Due/Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DISTRICT USE ONLY

Date Received _____ ☐ Approved ☐ Not approved Total Days absent _____

Number of EFT days for this request: _____ Total EFTs to date: _____

Principal's Signature _____ Date _____

Reason for disapproval: ☐ Excessive Absenteeism ☐ Poor Academic Performance ☐ School Calendar Conflicts ☐ Other: _____ *Form should be signed by appropriate teachers and filed for attendance documentation purposes*