

## Individualized Field Trip Request

revised 1-20/2011

Family or individualized educational trips (IFT's) are limited to **five days** cumulatively during the school year with approval by the building Principal. Absences beyond five days will be considered unexcused and make-up work, quizzes, tests, projects, homework, etc., for those days may not be accepted. Family or individualized educational trip requests **during the PSSA's will not be approved.**

The Pennsylvania School Code lists the following reasons for excused absence from school: a) illness, b) quarantine, c) death in the immediate family, and d) impassable roads. Exceptions to the rule may be evaluated individually by a school administrator or his designee. Students who have six or more unexcused absences or a total of twenty (20) days of excused or unexcused absence excluding funeral days will not be approved for excused individual or family educational field trip days. After fifteen (15) days of excused or unexcused absence excluding funeral days, field trip days will be prorated. (Example: A student who has accrued 17 days of absence may request only three (3) individual or family educational field trip or vacation days.)

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### ***This section is completed by the office.***

Does the combined total of excused and unexcused days equal 20 or more days? **Y N** (can't be 20 or more)

List number of other Individual Field Trip days already taken \_\_\_\_\_ (can't be more than 5 days)

Is this during an exam time? **Y N** (can't be taken during exam time)

Does student have 6 or more unexcused absences? **Y N** (can't have 6 or more unexcused absences)

List the number of days this student is eligible to take as Individualized field trip days. \_\_\_\_\_

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### ***This section is completed by the student/parent.***

Student name \_\_\_\_\_ Date of absence \_\_\_\_\_ to \_\_\_\_\_

Will parents accompany the student? **Y N**

Number of Individualized Field trip days requested \_\_\_\_\_

Specific reason for absence \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Rejected: Return a copy to student in homeroom

\_\_\_\_\_  
Approved

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_  
(Administration must approve prior to students soliciting teacher's signatures)

Homeroom Teacher must initial below to verify their awareness of the absence.  
\_\_\_\_\_  
\_\_\_\_\_