

Lancaster Mennonite School
EDUCATIONAL ACTIVITY EXCUSE REQUEST

This form must be submitted for any number of day's absent

A request for an excused absence is to be made **five school days in advance** of the desired absence. This policy applies to church activities and overnight, educational trips with parents or responsible adults. (LMS Policy Manual § 4200.2)

Name of Student: _____ Grade: _____
(First and Last Name Only, No Nickname)

Dates Requested to Be Absent from School: _____

Students are required to complete and submit this form to the attendance office at least **five school days in advance** of the requested absence. If a trip is **three days or more**, the back of this form must be completed, obtaining teachers' signatures before the trip can be considered excused. To maintain academic excellence, one week is normally the maximum excused educational family trip.

To the Student: Answer the following completely and legibly. Use additional sheets if needed.

Where do you plan to go on your trip? List specific destinations.

List names of adults who will be supervising you on your trip.

Describe the **specific educational benefits** of this trip.

I verify that I have read and approve the above request.

(Parent or Guardian Signature)

(Date)

(Do not write below this line. **For office use only**)

Date Received in Office: _____

Number of days excused: _____

Number of days unexcused: _____

Comments:

Signature: _____

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If a trip is **three days or more**, this side of the form must be completed, obtaining teachers' signatures before the trip can be considered excused. A teacher's signature acknowledges awareness of the absence.

Date(s) of absence: _____ Number of school days absent: _____

Period	Teacher Signatures	Teacher Comments
1		
2		
3		
4		
5		
6		
7		
8		

Note: Indicate Chapel or Study Hall where scheduled (signature not required for these periods.)