

**INTERNATIONAL EDUCATIONAL TRIP
SCHOOL ABSENCE FORM**

The student named below will participate in an approved HCPSS International Educational Trip. Please sign this form to acknowledge that you are aware of the student's participation that may include missing up to 5 school days legally.

Student's Name _____

School _____ Grade _____

Name of Trip _____ Trip Leader _____

Trip Leader's School _____ Trip Dates _____

Number of school days missed: _____ Dates of school days missed: _____

<u>Subject</u>	<u>Teachers' Name</u>	<u>Teachers' Signature</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Principal's Signature

I, _____, understand that it is my responsibility to make up any work that I miss from any class due to my participation in this International Educational Trip.

Student's Signature

Parent's Signature

Date