

BETHLEHEM CATHOLIC HIGH SCHOOL

2133 Madison Avenue
Bethlehem, PA 18017

APPLICATION FOR PERMISSION FOR STUDENT EXCUSAL DUE TO AN EDUCATIONAL/VACATION
TRIP OR COLLEGE TOUR

Student's Name: _____ Birth Date: _____ Grade: _____

Parent's Name: _____ Telephone: _____

Parent's E-Mail Address: _____

Number of days to be absent: _____ Dates of Absence: _____

Date returning to School: _____

Destination: _____

Reason for Request and Educational Benefits: _____

Please be advised that with intensive scheduling in high schools, it is not recommended that five (5) consecutive days be taken.

Signature of Parent/Guardian

Date

COMPLETE AND SUBMIT COPY TO PRINCIPAL AND COPY TO STUDENT AFFAIRS OFFICE TEN (10)
SCHOOL DAYS PRIOR TO THE TRIP.

For Office Use Only

Date application received: _____ Number of absences _____

Approved

Disapproved

Principal Signature

Date