

**Bethlehem Catholic High School**

2133 Madison Avenue

Bethlehem, PA 18017

**Permission for Student Excusal Due to Educational Trip/Family Vacation or College Tour**

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parent's email 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 the 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