LOYALSOCK TOWNSHIP HIGH SCHOOL

ABSENCE REQUEST

LTHS recognizes the importance of a holistic education beyond the reach of our high school. Approved absences from school must have prior approval from a school administrator. Thank you.

GENERAL INFORMATION			
Student's Name:	Grade:	Student Signature:	
Parent/Guardian's Name:	Parent/Guardian Phone:	Parent/Guardian Signature:	
Home Address:			
PLANNED ABSENCE OPPORTUNITY			
CIRCLE Nature of Request:			
Planned Family Vacation College/Univ	Job Shadow	Military Legal	
Please provide additional information concer	ning the requested absence as	well as educational benefits:	
Date(s) of Request:	Total School Days Absent:	Date(s) of Absence:	
VISITATION VERIFICATION BY INSTITUTION (If a college visit)			
Name of Institution:	Location of Institution:		
Signature of Official:	Position of Official:	Phone Number of Official:	
Printed Name of Official:			

VISITATIONS	PLANNED FAMILY VACATIONS	
 Visitation requests must be submitted three (3) school days prior to the first scheduled absence It is the parent/guardian's responsibility to provide transportation to and from the visitation. A signature or other statement of verification from institution must be returned within three (3) days of your visit. Failure to return this statement may result in a unexcused or illegal absence. 	 It is the student's responsibility to get any schoolwork that may be missed in their absence so it can be completed while away from school. Decisions regarding the approval of absences will lie in accordance with Policy Concerning Planned. 	
SCHOOL APPROVAL		
Signature of Administrator: •	Approved Date: Disapproved Approved, but not recommended	