Educational Trip Request Form

Blowing Rock School,
PO BOX 228,
Blowing Rock, NC 28605
Phone 828-295-3204 Fax 828-295-4977

Please carefully read the entire form before completing. A **LIMIT OF TEN (10**) school days can be excused for the purpose of educational travel in one school year.

Student Name:_____ Grade: ____Homeroom Teacher: _____
*As of today, my child has ___excused absences and ____ unexcused absences.

Student Name:_____ Grade: ____Homeroom Teacher: _____
*As of today, my child has ___excused absences and ____ unexcused absences.

Student Name:_____ Grade: ____Homeroom Teacher: _____
*As of today, my child has ___excused absences and ____ unexcused absences.

My child(ren) will be absent from school on: _____ /_____ /20__ and returning on _____/_____ /20____

In order for absences to be excused for travel, the following conditions MUST apply:

1. Parents must request and obtain approval at least **SEVEN (7) SCHOOL DAYS PRIOR** to the trip.
2. A student's absence and academic history will be considered and administrator's discretion will be used to determine impact upon a child's educational progress.
3. All missed student work must be completed and returned to the teacher within one week following the student's return to school. If possible, work with the teacher to get assignments ahead of your trip.

If all of the above conditions are completed within the required time, the absences will be coded as "educational opportunity." However, if the conditions are not met, the absences will not be excused. Any absences exceeding the FIVE (5) day limit will NOT be excused.

I understand this educational trip request form and agree to support my child(ren) in getting their assignments completed and turned in by the due date. I will be notified of the outcome of this request by the principal via email or phone call.

_____ Date ____/_____/20___ Phone number _____

Parent/Guardian Signature Email _____

Please give a brief explanation of the destination and educational purpose of the trip below. This is required in order for the request to be considered.

_____

_____

_____

Administrator Signature _____ ☐ Approved ☐ Denied _____

Parent/Guardian Notified of Decision: _____ / _____ 20____ ☐ Phone Call or Voicemail ☐ Email ☐ In person

Watauga County Schools Policy #4400 R(2): Excused educational leave may not have a combined total of more than 10 cumulative days in a school year. Any absences in excess of 10 days will be marked unexcused.