

Revised 5/13

**Educational Enhancement Opportunity Request Forms**

To request an absence to attend or participate in an educational activity, please complete this application form and return it to your school principal at least ten (10) days prior to the absence. Such an absence as requested by this signed application and approved by the school principal, will be considered an excused absence. The major intent of the activity must be educational in order for the student to be granted this type of absence. The proposed activity must have significant educational value and be composed of an intensive program related to the core curriculum (e.g. art programs, dance programs, State Fair activities, workshops that are educational in nature, college visits, etc.). The Principal will use his/her good judgment to determine if the activity meets guidelines. A student may be approved for up to ten (10) days of absence per year for this purpose. Students who are granted an absence under this law will be allowed to make up all school work. Student grades can not be affected by lack of attendance or participation in classes for approved days. **This type of absence can not occur during the school's K-PREP Testing or District-wide assessments, unless there are extenuating circumstances that are approved by the Principal.** Decisions may be appealed to the Superintendent and then to the Board of Education.

Student Full Legal Name: \_\_\_\_\_ Date of Application \_\_\_\_\_

Name of School \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Home Phone \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

# of Excused Absences To Date \_\_\_\_\_ # of Unexcused Absences To Date \_\_\_\_\_ # of Total Absences to Date \_\_\_\_\_

Date(s) of Intended Absence(s) \_\_\_\_\_

Siblings attending other schools participating in the educational activity (please list student's name and school):

\_\_\_\_\_  
\_\_\_\_\_

Please explain the nature of the event the student will be attending and how the activity meets the criteria of (1) having an educational purpose, (2) having "significant educational value," and (3) how the activity is directly related to one of the core curriculum subjects of English, science, mathematics, social studies, foreign language or the arts. Please attach a schedule of activities/events to be attended. (Use additional paper, if needed, and attach to this completed form.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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**FOR SCHOOL USE ONLY**

**(THIS SECTION TO BE COMPLETED BY THE SCHOOL PRINCIPAL / DESIGNEE)**

This request must meet all three criteria to be eligible for an educational opportunity absence:

1. This request is for an absence that will have “significant educational value” and be “intensive” in nature. Yes No
2. This trip is tied to one of the core curriculum subjects of English, science, mathematics, social studies, foreign language or the arts. Yes No
3. The major purpose of the trip is educational. Yes No

As Principal, I recommend I do not recommend that this educational opportunity absence be granted.

Principal’s Rationale \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

**FOR SUPPORT SERVICES USE ONLY – IF APPEALED**

As Superintendent, I recommend I do not recommend that this educational opportunity absence be granted.

Superintendent’s Rationale \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Superintendent

\_\_\_\_\_  
Date

The District grants does not grant this educational opportunity absence.

\_\_\_\_\_  
Signature of the Board Chairman

\_\_\_\_\_  
Date

**Send original to Director of Student Services at Central Office. Retain copy for your files. After signatures are in place the original will be returned to the school.**