

**FOREIGN TRAVEL TRIP  
SCHOOL ABSENCE FORM**

**The student named below will participate in an approved HCPSS Foreign Travel Trip. Please sign this form to acknowledge that you are aware of the student's participation which may include missing up to 5 school days legally.**

Student's Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Name of Trip \_\_\_\_\_ Trip Leader \_\_\_\_\_

Number of school days missed: \_\_\_\_\_ From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(if any) **Month** **Day** **Year** **Month** **Day** **Year**

<u><b>Subject</b></u>	<u><b>Teachers' Name</b></u>	<u><b>Teachers' Signature</b></u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Principal's Signature

I, \_\_\_\_\_, understand that it is my responsibility to make up any work that I miss from any class due to my participation in this Foreign Travel Study Trip.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent's Signature