SCHUYLKILL TECHNOLOGY CENTER

North Campus
101 Technology Drive
Frackville, PA 17931
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South Campus
15 Maple Avenue
Mar Lin, PA 1795l
Ph: (570) 544-4748 • Fax: (570) 544-3895

ABSENCE REQUEST FORM

NOTE: This form must be completed and approved at least two (2) days prior to absence.

_____ _____
(Student's Name) (Shop)

Number of student's absences to date:_____
Requesting excused absences for the following dates: _____
Reason (check one)

- ☐ Family Emergency (Explain)_____
- ☐ Home School Activity (Explain) _____
- ☐ College Visit (Location) _____
- ☐ Religion Holiday (Explain) _____
- ☐ Legal/Court (Explain) _____
- ☐ Educational Field Trip/Family Vacation (Explain) _____
  _____
- ☐ Other (Explain) _____

Request shall be considered on an individual basis. The student's attendance record will be an important consideration in the decision making process. Approval will be granted after all necessary signatures are completed. Students must complete and submit missed assignments within 3 school days upon return.

_____

_____ _____ _____
(Signature of Student) *(Parent/Guardian Signature)* *(Instructor Signature)*

Home District

☐ Approved ☐ Denied _____ _____
(LEA Home District Administrative Signature) *(Date)*

Reason for Denial: _____

STC

☐ Approved ☐ Denied _____ _____
(STC Administrative Signature) *(Date)*

Reason for Denial: _____

8/2018