# MANCHESTER HIGH SCHOOL

## REQUEST TO BE ABSENT FOR A SPECIAL EVENT – **FORM DUE BY:** _____

Request for special event that involves one or more classes – should be submitted to the high school administrator's office a WEEK BEFORE THE EVENT.

Student Name: _____ ID#: _____ Grade: _____

Name of Event: _____

Event Location: _____

Date of Event: _____ Departure Time: _____ Return Time: _____

Trip fees: _____ (Checks payable to Manchester High School)

Signature of Faculty / Trip Advisor: _____

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### LUNCH DETAILS

_____ Lunch PROVIDED    _____ Bring Lunch MONEY

_____ BRING Lunch (If Café lunch needed – indicate below)

 _____ NEED Café Bag Lunch

 _____ VEGETARIAN Option

 _____ OTHER _____

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The Superintendent of Schools reserves the right to reconsider the approval of this trip at any time between now and the time of the departure of the trip; and, in the event that the Superintendent of Schools decides at any point to rescind his approval of this trip, the school will refund all money unless it is a non-refundable deposit, in which case, the Board of Education will still attempt to secure refunds for the parents and students.

_____    _____

Parent / Guardian Signature        Date

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### PARENT / GUARDIAN

**Medical Concerns:** _____    **Medications:** _____

**Emergency Medical Treatment:** In the event of a medical emergency and I cannot be reached, I give permission for my student(s) to be treated. **If medication is required and has not been provided to the school, any emergency will be referred to 911. If you are packing a lunch for your student it must be NUT FREE.**

Parent Name: _____    Parent Signature: _____
( Please Print )

Best number to reach you that day: ( _____ ) _____

Emergency Contact Name (if parent cannot be reached):

Name: _____    Phone: ( _____ ) _____

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### STUDENT DIRECTIONS

- The student must contact each teacher to complete this form.
- Drop off and return to pick up this form at your administrator's office (Administrator's signature required).
- All signed forms must be returned to the trip advisor.

### TEACHER DIRECTIONS

- Please check off, initial and date if the student is passing or failing your class
- Make any comments you wish. (If you need more room use sides or bottom of this form)
- This form is for administrative informational purposes; it is not a request for your approval for the student to attend the event.

### TRIP ADVISOR DIRECTIONS

- Every student attending must have a completed form.
- Notify the Café of any bag lunch meals needed 48 hours BEFORE the trip.
- Bring all forms to the Special Event listed above.

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| Period | Course name | Passing | Failing | Comments (optional) | Teacher Initials | Date |
|--------|-------------|---------|---------|---------------------|------------------|------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |

Administrator's Signature of Approval: _____    Date: _____