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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**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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<th>Period</th>
<th>Course name</th>
<th>Passing</th>
<th>Failing</th>
<th>Comments (optional)</th>
<th>Teacher Initials</th>
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Administrator’s Signature of Approval: ___________________________   Date: _______________