



Daytona Beach Christian Academy

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Request for an Excused Absence from School for Pre-Planned Trip

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date(s) of Absence: (From) _____ (To) _____

Educational trips may not exceed five (5) school days per school year.

<u>Student Name</u>	<u>Grade</u>	<u>Teacher</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Itinerary of Trip: provide the locations to be visited and briefly explain the educational value the child will experience as a result of this visit. (Failure to explain the educational value of the trip may delay the approval process or result in a denial).

Telephone Number Signature of Parent/Guardian Date of Request

FOR SCHOOL USE ONLY

Prior requests this year: _____ Date: _____

COMMENTS

Headmaster: _____

Teacher: _____

Approved: _____ Denied: _____

Conditions: _____