

Saffell Street Elementary  
Application for Enhanced Educational Opportunity Leave

Completed Form Must Be Submitted At Least Five (5) Days Prior to The Scheduled Absence

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Number of Days Release Requested: \_\_\_\_\_ (5 Maximum per year)

Core Curriculum Subject(s): (Please circle all that apply.)

Language Arts   Math   Science   Social Studies   Fine Arts   Vocational/Practical Living

Significant Educational Value of Trip: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher Recommended Activities to be Included: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher Signature: \_\_\_\_\_

Parent Contract:

I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_,  
Do hereby request that my child be excused from school from \_\_\_\_\_ to \_\_\_\_\_  
in order to attend an educational trip. My signature below confirms that this trip is of significant  
educational value, and I release Saffell Street El. and the Anderson County Board of Education from  
educational responsibilities for my child during this time. I understand that my child will be held  
responsible for completing any missed school work as assigned by their teachers. In addition, I understand  
that my child needs to bring back information and/or artifacts to use in making a presentation to the class  
within seven (7) calendar days

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

Student Contract:

I \_\_\_\_\_ understand that I am responsible for any school work missed  
during the time I am away from school on an educational trip. I also agree that I will complete all  
assignments and turn them in within three (3) days after returning to school. In addition, I agree to bring  
back information and/or artifacts to use in making a presentation to the class within seven (7) calendar days  
of returning to school.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Status of Request:

\_\_\_\_ Approval Date

\_\_\_\_ Denied

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