



## K-5<sup>th</sup> EDUCATIONAL OPPORTUNITY APPLICATION

This form must be completed and submitted to the Principal prior to the absence(s) in order to be considered as valid/lawful. No student will be excused for more than the five (5) days per school year.

*When it is demonstrated that the purpose of the absence is to take advantage of a valid educational opportunity, such as travel, the absence(s) may be considered valid/lawful. Approval for such an absence(s), however, must be granted prior to the absence(s).*

*(School Attendance & Student Accounting Manual, Public Schools of North Carolina, 2019-2020, Chapter 2, Section IV-D)*

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Sherwood Forest Elementary School Homeroom Teacher: \_\_\_\_\_

Date(s) of proposed absences: \_\_\_\_\_

Date of return to school: \_\_\_\_\_ Total number of days of school to be missed: \_\_\_\_\_

Historical Site(s): \_\_\_\_\_ Museum(s): \_\_\_\_\_ Leadership Opportunities: \_\_\_\_\_  
Aquarium(s): \_\_\_\_\_ Zoo: \_\_\_\_\_ Other: \_\_\_\_\_

Description:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Agreement:**

*In good faith effort, I will comply with the State Board of Education's policy regarding this education opportunity for my child and will encourage and support his/her involvement in appropriate educational experiences. I will also supervise the completion of any assignments as required by the teacher and/or principal. The Educational Opportunity will be no more than five (5) school days.*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

\_\_\_\_\_  
Signature of Principal

Application: \_\_\_\_\_ Denied \_\_\_\_\_ Approved Date: \_\_\_\_\_

No. of Days: \_\_\_\_\_ Days Remaining \_\_\_\_\_

## Daily Schedule/Activity

Date	Day	DESCRIPTION OF DAILY ACTIVITY
	<b>Day 1</b>	
	<b>Day 2</b>	
	<b>Day 3</b>	
	<b>Day 4</b>	
	<b>Day 5</b>	

If approved, no more than five (5) school days in a school year