

ICTC School Official

INDIANA COUNTY TECHNOLOGY CENTER

441 Hamill Road Indiana, PA 15701 Educating for the Competitive Edge!

Michael Worthington, Principal 724-349-6700

855-428-2338 Fax

REQUEST FOR APPROVED ABSENCE

No. 1	cessary signatures and returning form to	
Statem is responsible for obtaining ne	cessary signatures and returning form to	the ICIC at least one day prior to event.
Student:	Sending School:	Grade:
Date(s)/Time(s) of Absence:	ICTC Program:	Session: AM or PM
(Please check) I am requesting permiss	sion to participate in the following	school-sponsored activity:
ICTC Field Trip Job Shadowing Academic/Technical Testing Academic/Technical Make-up Work	Assembly/Class Activity	, chorus, honor society, play, sports, etc.)
(Please check) I am requesting to be ex	cused for the following planned al	osence:
Educational Family Trip College Visit		
Student Signature Please indicate if you approve of this st above. (Student lists classes and obtain		Sponsoring ICTC or Sending School Instructor/School Official ass during the dates/times specified
Class/Period		Instructor's Signature
<u> </u>	Approved	Not Recommended
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Sending School Principal's Signature