



Family Vacation Trip Request Form
148 West 21 Street Erie, PA 16502 * Fax: 874-6010
ATTN: Superintendent's Office

Family Vacation Request form ***must be submitted at least two (2) weeks prior to the trip.*** A student who has a history of attendance issues, discipline issues and/or in academic jeopardy may not receive approval from the Superintendent to take a family trip during the school year. The school administration shall only approve one family trip per student per year and the duration of that ***trip may not exceed five (5) school days.*** Family trips that are not preapproved by the Superintendent shall result in the student's absence being recorded as unexcused.

Date: _____ School: _____ Grade: _____

Student Name: _____

(Please print)

| | |
|---|---------------|
| Dates of Vacation: _____ to _____ Total school days missed: _____ | |
| Student's last day of classes before trip: _____ | |
| Student will return to classes on: _____ | |
| _____ Parent Signature | _____ Date |

 Superintendent's Signature
 Approved Not Approved Reason(s): _____ Discipline _____ Attendance _____ Grades _____

After Superintendent's review, form will be faxed to the student's home school.

The student is responsible for completion of given assignments within two (2) weeks after he/she returns. Work not completed within that time period will become zero. **ALL GIVEN ASSIGNMENTS MUST BE TURNED IN BY:** _____

| <u>Teacher Signatures</u> | <u>Course</u> | <u>Assignments Given</u> |
|---------------------------|---------------|--|
| 1. _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8. _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Counselor Signature

Building Administrator Signature