



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

- Please submit Family Trip Request **AT LEAST TWO (2) WEEKS PRIOR** to scheduled trip.
- A student who has a history of attendance issues, discipline issues and/or in academic jeopardy may not receive approval from the Superintendent.
- Approval may be withheld if a family does not agree to quarantine and work remotely for a 14-day period post trip if student travels to a COVID-19 hotspot as designated by Governor Wolf. Designated hotspots may be checked via <https://www.health.pa.gov/topics/disease/coronavirus/Pages/Travelers.aspx>
- 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 may result in the student's absence being recorded as **unexcused** and **could result in truancy charges filed against the student and parents/legal guardians**.
- **PLEASE COMPLETE ONE (1) FORM PER STUDENT.**

Student Name: _____
 (Please print clearly)

Address: _____

Phone Number: _____

Date: _____ School: _____ Grade: _____

Dates of Trip: _____ to _____ Total school days missed: _____
 Student's last day of classes before trip: _____ Student will return to class on: _____
 Trip Destination: _____
 X
 Parent Signature (*signature is acknowledgment that Superintendent approval is contingent on policies regarding family trips as outlined on page 15 of the Student Handbook and listed on this form above including a 14-day quarantine when applicable.*)

 Superintendent's Signature

Approved Not Approved Reason if not approved: _____

Total Number of Days Excused _____
 Total Number of Days Not Excused _____

The approved form will be forwarded to 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"/>

 Counselor Signature

 Building Administrator Signature