



**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.
- 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 \_\_\_\_\_

\_\_\_\_\_  
 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