



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

Family Trip 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*** and ***could result in truancy charges filed against the student and parents/legal guardians.***

Date: _____ School: _____ Grade: _____

Student Name: _____
 (Please print)

Dates of Trip: _____ to _____	Total school days missed: _____
Student's last day of classes before trip: _____	
Student will return to classes on: _____	
_____ Parent Signature/Phone #	_____ Date

 Superintendent's Signature

Approved Not Approved

Reason(s): _____ Attendance _____ Discipline _____ 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