



**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: \_\_\_\_\_ /Address \_\_\_\_\_  
 (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	_____ Date

\_\_\_\_\_  
 Superintendent's Signature

\_\_\_\_\_ Attendance  
 Approved  Not Approved  Reason(s): \_\_\_\_\_ 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