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 __________________________

Approved □  Not Approved □  Reason(s): _______Discipline _______Grades _______

Superintendent’s Signature __________________________

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:

Teacher Signatures  Course  Assignments Given
1. __________________________  __________________________  __________________________ Yes □ No □
2. __________________________  __________________________  __________________________ Yes □ No □
3. __________________________  __________________________  __________________________ Yes □ No □
4. __________________________  __________________________  __________________________ Yes □ No □
5. __________________________  __________________________  __________________________ Yes □ No □
6. __________________________  __________________________  __________________________ Yes □ No □
7. __________________________  __________________________  __________________________ Yes □ No □
8. __________________________  __________________________  __________________________ Yes □ No □

Counselor Signature __________________________  Building Administrator Signature __________________________