



WEST CHESTER AREA SCHOOL DISTRICT
J.R. FUGETT MIDDLE SCHOOL

REQUEST FOR FAMILY TRIP ABSENCE FORM

(Please Print)

Student Name: _____ Grade ____ Home Room # _____

Date of Request: _____

I/We hereby request to take our child _____, grade _____, _____ Team, homeroom number _____, on a trip that we consider to have educational value during regularly scheduled school time.

The date(s) of the trip are _____.

The destination is _____.

In order for the faculty to have time to prepare work for the student, this request must be submitted to the OFFICE no fewer than five (5) days prior to the proposed trip.

It is understood by both the parents and the student that the student's respective team will be notified of the above absence, and that it is the student's responsibility to check with each teacher prior to the trip to determine homework and other assignments that may be due during the absence. Homework and other assignments should be returned within three (3) days of his/her return to school in order to receive full credit for the assignments. Family vacation may be pre-approved by the Asst. Principal, while school is in session, up to a maximum of five (5) days per school year. Any request for absence beyond five (5) days may only be authorized by the building principal.

Parent's Signature _____ Date _____

Student's Signature _____ Date _____

Team Leader's Signature _____ Date _____

Administrator's Signature _____ Date _____

***Please note that parents or guardians will only be notified if any or all of the request is not approved.**