

WEST CHESTER AREA SCHOOL DISTRICT  
G.A. STETSON 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 Principal 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 while school is in session may be pre-approved by the Principal, up to a maximum of (5) days per school year.*

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Team Leader's Signature \_\_\_\_\_ Date \_\_\_\_\_

Asst. Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_