

WEST CHESTER AREA SCHOOL DISTRICT
Hillsdale Elementary School



**REQUEST FOR FAMILY TRIP
ABSENCE FORM**

(Please Print)

Student Name: _____ Grade _____

Home Room Teacher _____

Date of Request: _____

I/We hereby request to take our child _____ on a family vacation during regularly scheduled school time.

The date(s) of the trip are _____.

The destination is _____.

*This request should be submitted to the Principal no fewer than **five** (5) days prior to the proposed trip.*

Teachers may decide to provide work upon the return of the student rather than prior to the departure.

*Family vacation may be pre-approved by the 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 will require the use of additional parent notes.*

Parent's Signature _____

Date _____

Principal's Signature _____

Date _____

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