WHITEHALL -COPLAY SCHOOL DISTRICT

Family Emergency Leave Form

Student Name:	Grade:
Parent/Guardian Name:	·
Homeroom Teacher:	
Date(s) of Absences:Month/Day/Yea	r Month/Day/Year
Month/Day/Yea	r Month/Day/Year
Number of School Days to be Missed:	Date of Request:
Previous Requested for Educational Trips: (c	urrent school year)
will be illegal days if the student's age is 1 If the student is found to be truant, family All work missed must be completed by the The student is responsible for contacting work missed during his/her absence. This form must be submitted to the office submitted prior to the trip, the days will hadministration. ****WCSD is following the governor's state quarar Pennsylvania from other countries and states, as	days per year. Any days missed for travel beyond the 7 days absence 6 or younger and unexcused days if the student is 17 or older. If yemergency leave requests will not be honored. If estudent within 5 days upon returning to school. If the teacher to request school work and for satisfactorily completing all the teacher to request school work and for satisfactorily completing all at least 10 days prior to departure, if possible. If the form is not be considered illegal until the form is returned and approved by the second and it is requiring that travelers entering a well as Pennsylvanians who are returning home from other countries 2 hours PRIOR to entering the Commonwealth or quarantine for 14
Parent/Guardian must complete the follow	ving questions:
What is the reason for the family emergency	leave?
Parent Signature:	Date:
(This s	section for office use only)
Authorization:YesNo	
Principal Signature:	Date: