WHITEHALL -COPLAY SCHOOL DISTRICT

Family Educational Trip Request Form

Student Name:		Grade:			
Parent/Guardian Name:					
<u>Period 1</u> Teacher:	Vo-Tech Notified:	Yes	No	N/A	
Date(s) of Absences:	to				
Month/Da	ay/Year	Month/Da	ay/Year		
Number of School Days to be Missed:	Date	Date of Request:			
student is 17 or older. ➤ All work missed must be comple ➤ The student is responsible for complex.	7 days per year. Any days missed ne student's age is 16 or younger, eted by the student within 5 days ontacting the teacher to request s rk missed during his/her absence the office at least 10 days prior t	d for travel is and unexcustudes upon return school worker.	beyond the used days if cning to sch	7 days the nool.	
In order for an absence to be considere locations or events which will support Parent/Guardian must complete the fo	the district's curriculum. ollowing questions:	•	·	to	
What is the destination of your crime What specific educational sites will	-				
3. What do you expect your child to le					
Parent Signature:					
(T	This section for office use only)				
Authorization:YesNo					
Principal Signature:	Date:				