

WEST CHESTER AREA SCHOOL DISTRICT

SARAH STARKWEATHER ELEMENTARY SCHOOL

REQUEST FOR FAMILY TRIP ABSENCE FORM

Student Name(s): _____

Grade(s) _____

Teacher(s) _____

The date(s) of the trip: _____

The destination is: _____

Please consider this to be a request to take my/our child(ren) on a trip during regularly scheduled school time.

Because it is difficult to know how far the class may have progressed during our trip, we understand that there may be make-up work required of my child(ren) when we return from our trip.

Parent's Signature _____ Date _____

Approved

Not Approved

Reason: _____

Principal's Signature _____ Date _____