



**WEST CHESTER AREA SCHOOL DISTRICT
B. REED HENDERSON HIGH SCHOOL**

**Request for Family Trip
Absence Form**

Date of Request: _____

I/We hereby request to take our child, (name) _____ Grade _____
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 a student, this request must be submitted to the Grade Level Administrator no fewer than five (5) days prior to the proposed trip.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Grade Level Administrator Signature: _____ Date: _____

ALL TEACHERS MUST SIGN OFF ON THIS FAMILY VACATION FORM BEFORE APPROVAL WILL BE GRANTED BY YOUR GRADE LEVEL ADMINISTRATOR

PD 1 _____ PD 5 _____

PD 2 _____ PD 6 _____

PD 3 _____ PD 7 _____

PD 4 _____ PD 8 _____

In accordance with the West Chester Area School District Policy, the first 5 days for family vacation will be excused.