



SOUTHERN FULTON SCHOOL DISTRICT

3072 Great Cove Road
Warfordsburg, PA 17267
District Office Phone (717) 294-2203
Fax Number (717) 294-2207

Meredith
Hendershot
Superintendent

Patrick Bard
Board President

FAMILY EDUCATIONAL TRIP

Please complete the sections below so we are able to make a determination as to whether your request will be considered an excused absence.

Student's Name	Grade	Homeroom Teacher
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date(s) of this trip: _____

Destination (s) _____

Learning Experience: _____

The student will complete one of the following activities during the vacation. The building principal must approve the project chosen by the student. **If the activity approved is not completed, the trip will be considered illegal.** The student will have the number of school days to complete the project, which equals the length of the trip.

- _____ Student will keep a journal of the trip and turn in to the principal for approval.
- _____ Student will complete a class presentation covering the education experiences gained from the trip.
- _____ Student will develop a project, which is approved by the principal, and return to principal for approval.

Parent/Guardian's Signature	1 st request	2 nd request	Phone Number

Total # of Educational days used: _____

Total # of Days absent from school: _____

Total# of Days absent from previous year: _____

Current grades: _____

_____ Approved/Lawful Absence (May be changed to unlawful if the approved activity is not turned in)

Principal's Signature	Date Received
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_____ Not Approved – Days will be marked unlawful

Principal's Signature	Date Received
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Superintendent's Signature	Date Reviewed
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Updated: 2/22/2018