Student Name: ___________________________________________ Grade: ______________

Parent/Guardian Name: _______________________________________________________________________________

Period 1 Teacher: ___________________ Vo-Tech Notified: _____ Yes _____ No ______

Date(s) of Absences: ___________________________to____________________________

Month/Day/Year

Number of School Days to be Missed: ___________________ Date of Request: ______________

Previous Requested for Educational Trips: (current school year)__________________________

SCHOOL DISTRICT POLICY
➢ Emergency leaves are limited to 7 school days per year. Any days missed for travel beyond the 7 days absence will be illegal days if the student’s age is 16 or younger and unexcused days if the student is 17 or older.
➢ If the student is found to be truant, family emergency leave requests will not be honored.
➢ All work missed must be completed by the student within 5 days upon returning to school.
➢ The student is responsible for contacting the teacher to request school work and for satisfactorily completing all work missed during his/her absence.
➢ This form must be submitted to the office at least 10 days prior to departure, if possible. If the form is not submitted prior to the trip, the days will be considered illegal until the form is returned and approved by administration.

***WCSD is following the governor’s state quarantine recommendations regarding travel outside of PA. If your trip is outside of PA, a school employee will call you to explain the current guidelines.***

_______________________________

Parent/Guardian must complete the following questions:

What is the reason for the family emergency leave?_____________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Parent Signature: __________________________________ Date: ___________________

______________________________________________________________________________________________

(This section for office use only)

Authorization: _____ Yes _____ No

Principal Signature: ____________________________ Date: ____________________