WEST CHESTER AREA SCHOOL DISTRICT EAST HIGH SCHOOL

ABSENCE REQUEST FOR FAMILY TRIP

(Please Print)		
Student Name:	Grade:	Homeroom #:
Date of Request:	-	
I/We hereby request to take our child		, grade,
homeroom number, on a trip t	that we consider	to have educational value during the
regularly scheduled school time.		
The date(s) of the trip are		
The destination is		·
In order for the faculty to have time submitted to the Principal no fe		
It is understood by both the parents and the above absence, and that it is the stud the trip to determine homework and other Homework and other assignments should school in order to receive full credit for session may be pre-approved by the graper school year.	lent's responsibil er assignments th d be returned wit the assignments.	that may be due during the absence. thin three (3) days of his/her return to Family vacation while school is in
Parent's Signature		Date
Student's Signature		Date
Administrator's Signature_		Date