



Hampton Township School District Request for Educational Travel with Family Hampton Middle School and Hampton High School

Name of Student: _____ Grade/Bldg.: _____

Your child's education is very important to you and to us. We encourage you to schedule family travel during school vacations. However, we recognize that family travel can conflict with the school calendar. Please adhere to the following guidelines when you are making family plans for educational travel:

- We expect students will be traveling with parent/guardians. The high school/middle school student is responsible for getting course assignments, completing all learning objectives, and making up all course work. All work will be due the day of return, unless otherwise arranged with specific teachers.
- The high school/middle school student is responsible to secure teachers' signatures for each class at least one week (5 school days) in advance of the family trip.
- These trips will not be approved if scheduled during a student's standardized testing sessions, AP testing or final exams.
- **The maximum number of educational travel days allowed per year is five (5).**
- If the student is traveling out of the country, district technology may not function; please notify the building principal with any questions or concerns.

Please write a brief explanation of how this specific trip would be educational:

Date Trip Begins: _____ Date Returning to School: _____

Parent/Guardian Name: _____ Contact # : _____
(Please print)

Parent/Guardian Signature: _____ Date: _____

Comments and Acknowledgement of High School/Middle School Teachers:

<u>Class</u>	<u>Teacher Initials</u>	<u>Current Grades</u>	<u>Class</u>	<u>Teacher Initials</u>	<u>Current Grades</u>	<u>Class</u>	<u>Teacher Initials</u>	<u>Current Grades</u>
Period 1	_____	_____	Period 4	_____	_____	Period 7	_____	_____
Period 2	_____	_____	Period 5	_____	_____	Period 8	_____	_____
Period 3	_____	_____	Period 6	_____	_____	Period 9	_____	_____

Comments:

Absences to Date: _____ Counselors' Signature: _____

Comments/Exceptional Conditions: _____

Request Approved Principal's Signature: _____
 Request Denied Date: ___/___/___