SOUTHERN FULTON SCHOOL DISTRICT

DISTRICT OFFICE
3072 Great Cove Road, Suite 100
Warfordsburg, PA 17267
Phone (717) 294-2203
Fax (717) 256-7437

ELEMENTARY SCHOOL
3072 Great Cove Road
Warfordsburg, PA 17267
Phone (717) 294-3400
Fax (717) 256-7459

HIGH SCHOOL
13083 Buck Valley Road
Warfordsburg, PA 17267
Phone (717) 294-3251
Fax (717) 256-7464

FAMILY EDUCATIONAL TRIP

Please complete the sections below so we are able to a 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 1st request 2nd request Phone Number

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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

_____Not Approved – Days will be marked unlawful

_____ _____
Principal's Signature Date Received

_____ _____
Superintendent's Signature Date Reviewed