KEYSTONE CENTRAL SCHOOL DISTRICT
86 Administration Drive, Mill Hall, PA. 17751

REQUEST FOR FAMILY EDUCATIONAL TRIP
(TO BE COMPLETED ONE WEEK PRIOR TO TRIP)

Educational Trip requests will be considered for approval when the following criteria is met by the learner:
1. The learner is in good academic standing (eligible for extracurricular activities), 2. Has three (3) or less UNLAWFUL days, 3. Has missed ten (10) or less EXCUSED days. If the request is approved, the number of approved days will not count toward the ten (10) day excused limit established in the District's attendance policy. No more than a total of seven (7) school days may be used for the purpose of educational trips during any one school year without the approval of the Director of Pupil Services.

Student Name: _____ Telephone: _____

Address: _____ Grade: _____

School Attending: _____Homeroom Teacher: _____

Date(s) of Planned Absence: _____ Number of School Days: _____

The Keystone Central School District recognizes the value of educational travel. However, the parent / guardian must assume responsibility of the learner's academic progress while not in attendance. A learner's education is a shared responsibility between the District and the home; therefore, educational travel must be directly related to sound educational objectives. Immediately below, please describe the itinerary of educational activities and places you expect to visit and how they relate to your child's educational goals (additional information may be attached).

_____

_____

_____

I / we assume responsibility for my learner's education while on educational travel and will assume Responsibility for my learner's assignments and / or work while on educational travel.

_____Signature of Parent / Legal Guardian

----------INFORMATION BELOW FOR SCHOOL USE ONLY----------

OF EXCUSED ABSENCES TO DATE: _____ # OF UNEXCUSED / ILLEGAL ABSENCES TO DATE: _____

PREVIOUS EDUCATIONAL TRIPS: _____

PRINICIPAL'S SIGNATURE: _____

OUTCOME: APPROVED: (_____) DISAPPROVED: (_____) DATE: _____

IF DENIED, REASON FOR DENIAL:
_____

DIRECTOR OF PUPIL SERVICES SIGNATURE: _____

OUTCOME: APPROVED: (_____) DISAPPROVED: (_____) DATE: _____. _____

*** Secondary learners will be given a sign-off sheet to have each of their teachers sign-off on when they find out what assignments they will be missing during their educational travel.