

CENTENNIAL SCHOOL DISTRICT

204.1-AR-0. FAMILY TRIP REQUEST FORM

Although the scheduling of family trips during the instructional year is not encouraged, the Centennial School Board recognizes that students may benefit educationally by accompanying their parents on trips (see Policy 204.1). Parent(s)/guardian(s) requesting approval of a student's absence because of a scheduled family trip are asked to provide the information below and submit this form to the building principal prior to finalizing arrangements but at least three (3) days before the trip.

Student Information

Student Name: _____ Grade: _____ School: _____
Address: _____
Email: _____

Sibling Information: please list the name/grade/school of other siblings for whom a family trip request will be made. Note: A separate trip request form must be submitted to the principal of other schools.

Sibling(s) Name, Grade and School: _____

Trip Information

Start Date: _____ End Date: _____ Total School Days: _____

Destination: _____

Educational Benefit of the Trip: _____

Adults Accompanying the Student: _____

Signature of Parent/Guardian: _____

Guidelines for Trip Approval

- The principal may approve no more than five (5) school days during a school year for student absences for a family trip.
- The principal shall consider the achievement and attendance of the student when reviewing a request for a family trip.
- Days approved for a family trip count toward the total of ten lawful days permitted per Policy 204. Attendance. The student shall be responsible for securing from his/her teacher(s) the required assignments prior to the period of absence.
- Within five (5) days of the return to school, the student is responsible for the submission of completed assignments.
- Within five (5) days of the return to school, arrangements for the make-up of any additional assignments and tests/quizzes shall be made.

School Use Only

Date Received: _____

Attendance to Date: Days Absent: _____

Principal's Action: Request Approved

Days Tardy: _____

Request Denied

Reason, if not approved: _____

Principal's Signature: _____

Date: _____

Parent/Guardian

Homeroom Teacher

Office