

200 Poplar Street, Vandergrift, PA 15690

SECTION 1: TO BE COMPLETED BY PARENT OR GUARDIAN

STUDENT: _____ PHONE: _____

BUILDING: _____ GRADE: _____

PARENT'S OR GUARDIAN'S NAME AND ADDRESS: *(Please print or type.)*

SIBLING(S) IN DISTRICT:
NAME

GRADE

*BUILDING

NAME	GRADE	*BUILDING
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please submit a copy to each building.*

Dates student would be absent from school: _____

Please be aware that students are permitted to miss ten days of school without a doctor's excuse. These days will count toward those ten days.

Destination of trip: _____

_____ Date _____ Parent's or Guardian's Signature

*It is understood that student must be accompanied by a parent or guardian. Requests will not be approved for students with poor grades or poor attendance.

SECTION 2: BUILDING PRINCIPAL'S APPROVAL

APPROVED

DISAPPROVED*

_____ Date _____ Principal's Signature

PLEASE NOTE: It is the student's responsibility to make arrangements with his/her teacher(s) for all assignments missed. Student educational trips will not be approved on the date semester exams or standardized achievement tests are administered. This includes practice tests for standardized tests. Student Family Trip forms should be submitted to the building principal at least 10 days prior to the trip. All questions concerning the trip should be directed to the Building Principal. Disposition of the request will be mailed to the parent or guardian. *If disapproved, expect to receive a phone call from the principal.