

REQUEST FOR FAMILY TRIP
Norwin School District

ID# _____ Student's Name _____
(Last Name) (First Name) (MI)
Building _____ Grade _____ Homeroom _____
Parent/Guardian _____ Telephone # _____
(Print Name)

NORWIN SCHOOL DISTRICT - 260 ATTENDANCE PROCEDURE

- Family Vacations:** Pupils may be excused from school attendance to participate in a trip provided that:
- the school is notified in writing at least one (1) week prior to the trip;
 - the student is willing to assume responsibility for all classroom work missed during the absence;
 - family trips over five (5) school days will not be approved;
 - family trips cannot exceed a total of five (5) school days during any given school year;
 - at the time of request, the attendance record of students who have accumulated ten (10) or more absences will be considered in the decision to approve the trip;
 - FAMILY TRIPS WILL NOT BE APPROVED DURING STANDARDIZED TESTING DATES.

I understand that the request for a family vacation MUST list planned activities and be pre-approved. I also understand should the trip exceed the designated days mentioned above or deviate from the above procedure the District will apply District Attendance Policy 260 to the applicable unapproved portions of the trip.

_____ Date: _____
(Parent/Guardian Signature)

Please list planned activities:

Duration of Vacation: _____ to: _____
(Month/Day/Year) (Month/Day/Year)

Return to School Date: _____
(Month/Day/Year)

THIS BOX FOR OFFICE USE ONLY

The family trip is approved.
 The family trip is not approved according to Policy/Procedure 260 conditions: _____

_____ Date: _____
(Building Administrator)

**Directions for Students AFTER trip has been approved.
(Hillcrest, Middle and High School Students Only)**

Read and sign the statement in the box below.

I am responsible for requesting assignments at least one (1) week prior to the trip. I must collect all work to be completed while absent. I must submit my work the day I return to school. My teachers will determine the consequences if I do not request, collect, complete, or submit assignments as expected.

_____ Date: _____
(Student Signature)

Please inform **all** of your teachers of your trip and have them sign the blocks below.

Teacher Signatures

HOMEROOM/ACTIVITY PERIOD	PERIOD 3	PERIOD 6
PERIOD 1	PERIOD 4	PERIOD 7
PERIOD 2	PERIOD 5	PERIOD 8

This form **MUST** be returned to the Main Office with all required signatures **BEFORE** you leave for your trip.

Revised: May 2010
July 2014
August 2015