SOUTHERN FULTON SCHOOL DISTRICT

3072 Great Cove Road
Warfordsburg, PA 17267
District Office Phone (717) 294-2203
Fax Number (717) 294-2207

Tara Will
Superintendent

Allen Morton
Board President

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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_____Approved/Lawful Absence (May be changed to unlawful if the approved activity is not turned in)

_____Not Approved – Days will be marked unlawful

Total # of Educational days used: _____
Total # of Days absent from school: _____
Total# of Days absent from previous year:_____
Current grades: _____

_____ _____

Principal's Signature Date Received

_____ _____

Superintendent's Signature Date Received

An Equal Opportunity School District