



# Laurel School District

2497 Harlansburg Road | New Castle, PA 16101 | (724) 658-8940 | [www.laurelspartans.com](http://www.laurelspartans.com)

## VACATION REQUEST FORM

Dear Parent/Guardian:

The State Board of Education in its regulation Chapter XI, Section II.26, provides that upon written receipt from a parent or guardian of a pupil, the pupil may be excused from school attendance to participate in an educational trip, during the school term, at the parents' or guardians' expense, when such tour or trip is evaluated by the district's Superintendent as educational and the pupil will be under the direction and supervision of an adult acceptable to both the Superintendent and the pupil's parents. Students will be excused for a maximum of five (5) school days during the calendar year.

**Please fill out the form below and return it to the Elementary or Middle High School Office at least one week in advance.**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

First Day Away From School: \_\_\_\_\_ Returning to School: \_\_\_\_\_

Student will be traveling with: \_\_\_\_\_

Educational objectives of the trip, purpose destination, places of interest will include:

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\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Administration

\_\_\_\_\_  
Date

If permission is not granted, we will be in contact with you.

OTHERWISE, THE PARENTS/GUARDIANS MUST CALL **ONE WEEK** PRIOR TO DEPARTURE TO ARRANGE A TIME TO PICK UP ALL ASSIGNMENTS THAT NEED TO BE COMPLETED. UPON RETURNING TO SCHOOL, THE STUDENT IS RESPONSIBLE TO MAKE UP ANY WORK THAT HE/SHE MISSED IN CLASS.

*Please initial below to acknowledge that you have read this statement.*

Date \_\_\_\_\_

Initials \_\_\_\_\_

If you have any questions, please contact the Elementary Office at (724) 658-2673 or the Middle High School Office at (724) 658-9056.