

Central Bucks School District
Request for Approved Absence for Family Travel

FAMILY TRAVEL POLICY INFORMATION:

Definition of Family Travel - Absences due to family travel where the student would either be left alone at home or where a non-family person would be needed to supervise and care for the student. The principal or designee may excuse a child where in his/her judgment such excusal is essential to the health and welfare of the child.

Guidelines for the implementation of the family travel absence procedures are as follows:

1. Parents are required to notify the school at least three days prior to the absences covered by this regulation so that the student may obtain work to keep current with class progress.
2. Parents and students should be informed that make-up work for the time missed is the responsibility of the student.
3. The principal may exercise approval for all such absences.
4. Absences for approved reasons due to family travel shall be limited to **two occurrences each year**. Total number of approved days of absence shall not exceed **five days in a given school year**. Days exceeding these guidelines may be considered unlawful and/or unexcused.

This form should be used to request an approved absence for family travel. If more than one child will be absent from school, please indicate the other children. This form must be submitted in each individual school in which a family travel absence is requested.

Name _____ School: _____ Grade: _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Dates of absence From ___/___/___ to ___/___/___ Total number of school days: _____

Parent Signature _____ Date of Request _____

Absences to date: _____ Total number of school days missed due to family travel: _____
Tardy to date: _____ Total number of requests for family travel absence: _____

Principal Approval:
() Approved () Not Approved Comments: _____

Principal _____ Date: _____

Request for Assignments

_____ will be out of school from ___/___/___ to ___/___/___,
please give her/him any assignments that will be missed during this time.

Teachers, please sign your name below indicating your knowledge of the upcoming absence and that you have given the needed assignments. Please do not attach assignments to this sheet as it is returned to the office.

Parents, please sign below indicating that you understand all missed work must be made up in a timely fashion.

Students, please have ALL your teachers sign this form a week before your absence. Return completed form AND the Request for Approved Absence form to the main office.

Thank you.

A-Day	Period	B-Day
_____	1	_____
_____	2	_____
_____	3	_____
_____	4	_____
_____	5	_____
_____	6	_____

Guidance signature: _____

Parent signature: _____

Student: You are responsible for completing ALL missed work.