

**Central Bucks School District**  
**Request for Approved Absence for Family Travel**

*This form should be used to request an approved absence for family travel. This form must be submitted in each individual school in which a family travel absence is requested.*

**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 judgement such excusal is essential to the health and welfare of the child.

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.

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of absences: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Total number of school days: \_\_\_\_\_

Destination of family travel: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date of Request: \_\_\_\_\_

---

---

***The student should ask each teacher to sign off to indicate their awareness of the absences.***

Teacher Approval: Block 1: \_\_\_\_\_ Block 2: \_\_\_\_\_

Block 3: \_\_\_\_\_ Block 4: \_\_\_\_\_

---

---

**Office Staff Only:**

Absences to date: \_\_\_\_\_ Tardy to date: \_\_\_\_\_ Total number of school days missed due to family travel: \_\_\_\_\_

Total number of requests for family travel absence: \_\_\_\_\_

**Principal Approval:**

Approved

Not Approved

Comments: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_