MAJOR GEORGE S. WELCH ELEMENTARY
FAMILY TRIP/SPECIAL EVENT FORM

***School Choice families should be reminded that family trips are taken into consideration for continued choice enrollment***

PART A
Personal Data (To be completed by the parent)

Student Name: ____________________________ Grade: _____ Teacher: __________________

Trip Information

Destination: ______________________________________________________

Dates student will be absent from school (do not include weekends) __________________________

Total number of days student will be absent from school (do not include weekends) _________

Have you requested student work from the teacher? _____ Y _____ N

Purpose and/or Educational Value of Trip

________________________________________

________________________________________

________________________________________

________________________________________

Parent Signature: __________________________ Date: _________________________

PART B
(To be completed by the school)

Attendance to Date: _________ Absences

Principal Signature: __________________________ Excused Days: _________

Unexcused Days: _________

Any requests that are not approved (unexcused), the parent and teacher will be notified.

Date received: _______________ Initials: _______________

Copy to Teacher: ____________ Copy to Parent/Guardian: _______________