

**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: _____