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: ______________