

LOYALSOCK TOWNSHIP SCHOOL DISTRICT  
1605 Four Mile Drive  
Williamsport, PA 17701  
(570)326-6508

**PLANNED FAMILY VACATION REQUEST FORM**

(Must be submitted two (2) weeks prior to planned vacation.)

Student \_\_\_\_\_ Grade: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Homeroom Teacher:

\_\_\_\_\_

Student's Address: \_\_\_\_\_

Date of Request Dated: \_\_\_\_\_

Dates of Absence Requested: \_\_\_\_\_

Total School Days Absence: \_\_\_\_\_

In the following space, please provide (and attach additional sheets if necessary) a description of the educational value of the planned family vacation.

Also, please list a brief log of the educational sites to be seen or learning activities to be completed on the vacation.

Signature of Parent/Guardian:

\_\_\_\_\_

Request is approved.

Request is not approved.

Signature of School Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

