

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.)

***If submitting a planned family vacation request, please consult the PA Department of Health's travel list. States indicated on the list, when traveled to may require a 14 day quarantine period. <https://www.health.pa.gov/topics/disease/coronavirus/Pages/Travelers.aspx> ***

Student Name: _____ Grade: _____ Homeroom: _____

Phone: _____ Guardian Email: _____

Address: _____

Today's Date: _____ Total School Days Absent: _____

Date(s) of Vacation: _____

Destination: _____ State: _____

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.

Parent/Guardian (Please Print): _____

Signature of Parent/Guardian: _____

- Request is approved.
- Request is approved, but not recommended.
- Request is not approved.

Signature of School Administrator: _____ Date: _____