

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 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: _____