



NEW CASTLE AREA SCHOOL DISTRICT

420 Fern Street, New Castle PA 16101 (724) 656-4756 www.ncasd.com

VACATION REQUEST FORM

Dear Parent/Guardian:

The State Board of Education in its regulation Chapter XI, Section 11.2.6, provides that upon written receipt from a parent or guardian of a pupil, the pupil may be excused from school attendance to participate in an educational trip, during the school term, at the parent or guardian expense, when such tour or trip is evaluated by the District Superintendent as educational and the pupil will be under the direction and supervision of an adult acceptable to both the Superintendent and the pupil's parents. Students will be excused for a maximum of five (5) school days during the calendar year.

Please complete the form below and return it to your child's school office at least one week prior to departure date.

Student: _____ Grade: _____ Teacher: _____

Departure date: _____ Return date: _____

Student will be traveling with: _____

Educational objectives of the trip, purpose destination, places of interest will include:

Signature of Parent/Guardian

Date

Signature of Administration

Date

If permission is **NOT** granted, we will be in contact with you.
OTHERWISE THE PARENT/GUARDIAN MUST CALL **ONE WEEK** PRIOR TO DEPARTURE TO ARRANGE A TIME TO PICK UP ALL ASSIGNMENTS THAT NEED TO BE COMPLETED. UPON RETURNING TO SCHOOL, THE STUDENT IS RESPONSIBLE TO MAKE UP ANY WORK THAT HE/SHE MISSED IN CLASS.

Please initial below to acknowledge that you have read this statement.

Date _____ Initials _____

If you have any questions, please contact the main office of your child's school.