



Belle Vernon Area School District

270 Crest Avenue
Belle Vernon, PA 15012
Phone: 724.808.2500

FAMILY VACATION/EDUCATIONAL TRIP

Under the 2010-11 Belle Vernon Area School District Attendance Policy, student absences from school resulting from family vacations with an educational value will be granted ONE (1) TIME PER YEAR FOR NO MORE THAN FIVE (5) DAYS. If the student is absent more than allowable, the absences will be marked UNLAWFUL/UNEXCUSED.

Family Vacations/Educational trips shall be ruled excused if:

- The parent/guardian provides a written request for excusal to the building principal on this form provided by the school district, which will indicate the school days to be missed, the destination of the trip, and the educational value of the trip. THE REQUEST MUST BE MADE AT LEAST FIVE (5) SCHOOL DAYS PRIOR TO DEPARTURE. The trip request will not be approved if the student requires a medical excuse for his/her absences.
If the trip exceeds ten (5) school days, the prior approval of the superintendent is required, in addition to the prior approval of the principal.
The student shall complete this form from the building principal to present to his/her teachers in order to obtain assignments.
The student shall give completed assignments to his/her teachers and arrange for the completion of additional assignments and/or tests.
All academic work shall be completed within a time period not exceeding the number of days absent as a result of the trip.

This Educational Trip form, Sections A and B, shall be completed and returned to the Principal and/or Superintendent's Office five (5) days prior to the trip.

A completed request requires the classroom teachers' signatures and that of the building principal indicating that (A) The student is presently in good academic standing and (B) Assignments will be given to the student to cover class content missed while the student is absent.

Please Circle:

Building: BVAHS BVAMS MES RES
Grade: K 1 2 3 4 5 6 7 8 9 10 11 12

Updated 8/18/18

"The Vision Statement of the Belle Vernon Area School District is to Access the Future Through Excellence in Education."



**Section A: (PARENT/GUARDIAN TO COMPLETE THIS SECTION)**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Dates the student plans to be absent from school \_\_\_\_\_

Educational Itinerary

\_\_\_\_\_

DATE

(SIGNATURE OF PARENT/GUARDIAN)

**Section B: (TEACHERS AND BUILDING PRINCIPAL TO INDICATE STUDENT’S ACADEMIC STANDING AND THAT ASSIGNMENTS WILL BE GIVEN.)**

Teacher (s) Signature	Academic Standing/Subject	Assignment Given
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Principal’s Signature \_\_\_\_\_

(5+ Days) Superintendent’s Signature \_\_\_\_\_

Please Circle:

Building: *BVAHS* *BVAMS* *MES* *RES*  
Grade: K 1 2 3 4 5 6 7 8 9 10 11 12

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