

Harmony Township School
Family Trip Request/ Approval Form

Requirements:

1. The Form must be completed and submitted to **Pat Roe the main office secretary or Mr. Weiss a minimum of** ten (10) school days prior to the trip for approval.
** Approval forms will be available online and in the office.
2. Student must be in good standing, regarding attendance, discipline and academics (must have at least a 65% in each course including specials)
3. Student must consult with teachers before leaving regarding assignments for grades 5-8. Parents will consult with teachers for students in grades K-4.
4. Any make-up work requiring teacher assistance must be arranged by the student (5-8) with the individual teacher(s) upon return from the trip or given before the trip depending on the arrangement made by both parties.
5. No more than ten(10) school days per student will be approved for trip requests in any given school year. **These days are still considered unexcused absences, but the student has the ability to make up all work missed during the absence.**
6. ***If approval is denied or not obtained***, Teachers reserve the right to not allow the student to make up missed assignments or take any missed assessments, In this case ***no credit will be earned.***
7. ***No trips will be approved during scheduled state testing, Link It or any other standardized assessment. Refer to the school calendar and the principal's update for applicable dates.***

TO BE COMPLETED BY THE PARENT/GUARDIAN A MINIMUM OF 10 DAYS PRIOR TO ABSENCE

I request that my child _____, a student in (grade/homeroom)

_____ be excused from school on (inclusive dates)

_____ Accompany his/her family on an trip or to

attend an educational event.

Trip/ destination: _____

I have read and understand the requirements listed above, and will work with my child and the school to meet these requirements and expectations. I completely understand that, if this request is approved, the absences will still be recorded as unexcused, but my child will have the ability to make up all work and assessments that occur during the absence. I also understand that, if this request is denied and my child is absent on the dates listed above, the work and any assessments will be recorded as zeros in the gradebook and cannot be made up.

Parent/guardian signature _____ Date _____

TO BE INITIALED BY ALL TEACHERS INCLUDING SPECIALS:

<u>SUBJECT</u>	<u>APPROVE OR DENY</u>	<u>COMMENTS</u>
MATH		
LANGUAGE ARTS		
SCIENCE		
SOCIAL STUDIES		
SPANISH		
ART		
MUSIC		
TECH		
PHYSICAL EDUCATION		
STEAM/LIBRARY		

ACTION OF BUILDING ADMINISTRATOR:

<u>APPROVE</u>	<u>DENY</u>

ADMINISTRATOR COMMENTS:

DATE _____