



# Troy Junior/Senior High School

## Planned Family Vacation Request

GENERAL INFORMATION:		
Student's Name:	Grade:	Date:
Parent/Guardian Name:	Parent/Guardian Phone:	Parent/Guardian signature:
Address:		
Requested Information:		
Date(s) of Trip	Total number of school days missed for trip:	
Location of Vacation:		
In the following space please provide the educational value of the planned trip (attached additional sheets if necessary)		
Please provide a brief log of the educational sites being seen on family trip.		
School Approval:		
It is the student's responsibility to see all teachers and collect any homework assignments that would be missed during their absences. So that is may completed while they are away.		
Signature of Administrator:	<input type="radio"/> Approved	Date:
	<input type="radio"/> Disapproved	