

LANCASTER CATHOLIC HIGH SCHOOL – TRIP FORM (REQUEST FOR NON-SCHOOL SPONSORED TRAVEL)

Student Name: _____ Grade: _____ Homeroom: _____

Parent/Guardian Name: _____ Phone Number: _____

Dates of Planned Absences: _____

Type of Travel/Destination: _____

Parent/Guardian Signature: _____

I have read, understand and agree to adhere to Non-School Sponsored Travel

Dear Parent/Guardian:

I have reviewed your request for Non-School Sponsored Travel for the above named student. Based on my careful review of your request:

_____ Your request has been APPROVED AND _____ days requested will be approved excused absences.

_____ Your request has NOT BEEN APPROVED and _____ days requested will be recorded as unexcused due to: _____ Travel is within first week of school or last two weeks of school

_____ Travel exceeds the 5 day limit

_____ Attendance Office was not given a two weeks notice

Total Non-School-Sponsored Travel days used to date (including this request): _____

Vice Principal Signature: _____