

HILLIARD CITY SCHOOL DISTRICT FAMILY TRIP APPLICATION

This application is to be completed at least two (2) weeks in advance of the planned trip, and presented to the principal for consideration. Each student is limited to one approved trip per school year without loss of academic standing, provided proper assigned make-up work is completed, including tests and final examinations. More than one trip with a cumulative of 5 days or less may be approved by the building principal/designee. Trips of more than 5 school days shall not be approved except in extraordinary circumstances as determined by the superintendent/designee. If a student is absent for family travel outside of the five (5) days of excused absences allowed by the District, he/she will be considered unexcused from school and subject to truancy regulations. The school district may be obligated to report the parent/guardian to the Franklin County Juvenile Court System and file charges of lack of compliance with the compulsory education rules.

Before completing this application, the parent or guardian should give careful consideration to the current academic standing and attendance record of the student(s).

It is hereby requested that:

Student: _____	Student: _____
Teacher(s): _____	Teacher(s): _____
Teacher(s): _____	Teacher(s): _____
Teacher(s): _____	Teacher(s): _____
Teacher(s): _____	Teacher(s): _____
Teacher(s): _____	Teacher(s): _____
Teacher(s): _____	Teacher(s): _____
Teacher(s): _____	Teacher(s): _____
Teacher(s): _____	Teacher(s): _____

be excused from school, according to Board Policy, from: _____ to _____
(Date) (Date)

Student will return to school on: _____
(Date) (Total School Days Absent)

Reason for request: _____

Hilliard City Schools also requires any student who has spent one month (30 days) or more days in a high-risk TB country to have a tuberculosis test. Re-entry for students who have traveled outside the United States for more than one month (30 days) may be deferred until such documentation is received by school personnel. If you are traveling outside of the United States, please identify the country and length of stay anticipated.

Country: _____ Length of stay in country: _____

_____	_____	_____	_____
(Approved)	(Denied)	(Principal Signature)	(Date)