

Calvary Christian Academy

Elementary School Family Trip Request Form



Student Name: _____ Today's Date: _____

Grade: _____ Homeroom Teacher: _____

Reason for loss of school days: _____

Dates child will not be in school: _____ to _____

Subject	Comments

Parents: The work your child is given prior to your departure is expected to be completed and turned in within a week of your return from this trip. If this is going to be a problem, please discuss with your child's teacher and work out a plan between the two of you. Please keep in mind that absences, while approved, are cumulative in nature and count toward our excessive absence threshold.

Signature of Administrator

Signature of Parent

Please turn completed form in 10 days prior to your departure date.