

LOYALSOCK TOWNSHIP SCHOOL DISTRICT  
1605 Four Mile Drive  
Williamsport, PA 17701  
(570)326-6508

## PLANNED FAMILY VACATION REQUEST FORM

(Must be submitted two (2) weeks prior to planned vacation.)

\*\*\*If submitting a planned family vacation request, please consult the PA Department of Health's travel list. States indicated on the list, when traveled to may require a 14 day quarantine period. <https://www.health.pa.gov/topics/disease/coronavirus/Pages/Travelers.aspx> \*\*\*

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Phone: \_\_\_\_\_ Guardian Email: \_\_\_\_\_

Address: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Total School Days Absent: \_\_\_\_\_

Date(s) of Vacation: \_\_\_\_\_

Destination: \_\_\_\_\_ State: \_\_\_\_\_

In the following space, please provide (and attach additional sheets if necessary) a description of the educational value of the planned family vacation.

Also, please list a brief log of the educational sites to be seen or learning activities to be completed on the vacation.

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Parent/Guardian (Please Print): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

- ☐ Request is approved.
- ☐ Request is approved, but not recommended.
- ☐ Request is not approved.

Signature of School Administrator: \_\_\_\_\_ Date: \_\_\_\_\_