

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.)

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: \_\_\_\_\_