

## **Neshaminy School District**

Administrative Offices 2250 Langhorne-Yardley Road

Langhorne, PA 19047

## INSTRUCTIONS FOR MISSING SCHOOL DAYS FOR FAMILY VACATION

Complete the form below at least ten (10) or more days prior to the vacation.

- Please fill this form out completely.
  - o If you have more than one child, a form is required for each.
- Students should take this form to all of their classroom teachers to initial.
  - o Students are responsible for completing any missed assignments upon return.
- Bring the completed and signed form to the main office for the principal/assistant principal to approve.

Approved family vacations are considered "**excused**" absences. Excused absences count toward total allowable absences (15 total days) before course credit may be denied.

| Please read the Crite  | eria/Guidelines on the                     | reverse side of this form.                              |                         |  |
|--|--|---|-------------------------|--|
| Student's Name:  |  |   |                         |  |
| Date(s) of Vacation: _   |  |   |                         |  |
| Educational Purpose  | of Trip:                                   |   |                         |  |
| Teacher Initials   |  |   |                         |  |
|  | Subject                                    | Print Teacher Name                                      | Initials                |  |
| Period 1   |  |   |                         |  |
| Period 2   |  |   |                         |  |
| Period 3   |  |   |                         |  |
| Period 4   |  |   |                         |  |
| Period 5   |  |   |                         |  |
| Period 6   |  |   |                         |  |
| Period 7   |  |   |                         |  |
| Period 8   |  |   |                         |  |
|  | derstand School Boa<br>oarddocs.com/pa/nes | ard Policy #204 available on the Nesh/Board.nsf/public. | shaminy School District |  |
| Parent Signature:  |  | Date:   |                         |  |
| Principal/Assistant Principal Signature:                                 |  | Date Approve  | Date Approved:          |  |
| Current Number of Days Absent Total Number of Days Absent after Vacation |  |   |                         |  |
| SDH/pmm/9-2024   |  |   |                         |  |