

GVSD Educational Travel Form Grades 6-12

In order for a student to be excused for an educational family trip, parents or guardians must complete and return this form to the principal or designee prior to the date of the educational trip as per *School Board policy 204: Attendance* and *State Board of Education Regulation Chapter 11.26: Educational tours and trips not school sponsored*. Requests made on the day of absence or after the first day of absence associated with an educational trip may not be approved and may be considered unlawful.

THIS SECTION TO BE COMPLETED BY THE PARENT OR GUARDIAN

Student: _____ Grade: _____

School: _____ Counselor: _____

Please select from one of the following options:

Travel that results in less than 10 days of absence.

Students are responsible for completing any work missed during the requested absence. Students will be provided the opportunity to access assigned work via our learning management system (Canvas). Students will be provided no more than 5 school days from the date of return to submit/complete any missed assignments.

Travel that results in absences in excess of 10 consecutive school days.

Students will be temporarily withdrawn from the district on the 11th day of consecutive absence, and documented as “extended family trip.” The student will **NOT** be required to submit any assignments missed during the period of temporary withdrawal. While a student may not be required to submit and or complete assignments that occurred during the temporary withdrawal, it will be the student’s responsibility to consult with teachers and or their assigned counselor to identify any curricular concepts that may be necessary to successfully complete for enrolled courses. Upon return from travel, the student and parent/guardian will be required to report to the attending school to confirm the student’s return to school. At this time, the student’s schedule will be reactivated.

Dates of requested absence from _____ to _____

Proposed Itinerary/Purpose: _____

Parent/Guardian Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY SCHOOL PERSONNEL

Days absent to date: _____

Anticipated number of school days absent: _____

School Official’s Signature: _____ Date: _____

C: Parent/Guardian
 School Counselor