



St. John Neumann Regional Academy

High School Campus

901 Penn Street • Williamsport, Pennsylvania 17701

Phone: (570) 323-9953 Fax: (570) 321-7146

Planned Family Vacation Request

Student's Name: _____ Grade: _____

Date: _____ Parent's Phone Number: _____

Parent's Name: _____

Parent's Address: _____

Parent's Signature: _____

Date(s) of Request: _____ Number of School Days Absent: _____

Location(s) of Visitation/Vacation: _____

Please provide a description of the educational value of the planned family vacation (attach additional sheets if necessary):

Please list a brief log of the educational sites to be seen or learning activities to be completed on the vacation:

Signature of Administrator: _____ Date: _____

Approved: Disapproved

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