

WEST JEFFERSON HILLS SCHOOL DISTRICT  
830 Old Clairton Road  
Jefferson Hills, PA 15025  
412-655-8450

EDUCATIONAL VACATION FORM

Please complete the following form and return it to the building Principal's Office prior to vacation period.

_____ Parent's Name	_____ Child's Name
	_____ Homeroom Number
_____ Days Covering Vacation	_____ Geographical Location Visited

In my estimation, the educational values obtained by my child as a result of this experience are as follows:

It is my understanding that contact will be made with the school to determine what requirements or assignments must be fulfilled in order to maintain my child's preparedness in the classroom. Upon return, it is my understanding that all assignments will be completed within a reasonable time period.

\_\_\_\_\_  
Parent's Signature