



WEST ELIZABETH - JEFFERSON HILLS - PLEASANT HILLS

JEFFERSON HILLS INTERMEDIATE SCHOOL
875 OLD CLAIRTON ROAD
JEFFERSON HILLS, PA 15025
PHONE: 412-655-4163
FAX: 412-655-4973
www.wjhsd.net

CHRISTOPHER VERY, Principal

JODI MERWIN, Assistant Principal

Dear Parents/Guardian:

During the holiday season and throughout the school year many families have occasion to take students out of school for a family trip or special vacation. When these occasions arise, the parent or guardian needs to provide a written request to the building administrator on this education vacation form, stating the educational value of the trip. If at all possible, vacations should be taken during the children's time off from school.

By completing this form and submitting it prior to the absence, students may obtain assignments, complete makeup work and tests within a time period not exceeding the number of days absent as a result of the trip. This is also true for early dismissal requests for the purpose of travel. Make-up work may have to be completed during recess time to prevent your child from missing instructional time. More detailed information regarding this policy is available in the Elementary Handbook.

If you should need more information concerning requests of this type, please contact me at Jefferson Elementary School.

Sincerely,

Christopher Very, Principal
Jodi Merwin, Assistant Principal

It is the policy of the West Jefferson Hills School District to not discriminate on the basis of sex, handicap, age, race, color, and national origin in its educational and vocational programs, activities, or employment as required by Title IX, Section 5094 and Title VI. For information regarding services, activities, programs, and facilities that are accessible to and usable by handicapped persons or about your rights or grievance procedures, contact the Director of Human Resources at 412-655-8450 x2228.

WEST JEFFERSON HILLS SCHOOL DISTRICT
875 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

Dates Covering Vacation

Geographical Location Visited

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

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 Signature