



NEW MARTINSVILLE SCHOOL  
**REQUEST FOR EDUCATIONAL LEAVE**

*Requests Must Be Made 1 Week Prior to Absences*

STUDENT: _____	HOMEROOM TEACHER: _____
STUDENT: _____	HOMEROOM TEACHER: _____
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DATES OF TRIP: \_\_\_\_\_ TO \_\_\_\_\_

NUMBER OF SCHOOL DAYS MISSED: \_\_\_\_\_

*If more than 5 school days will be missed, please take or mail form to:*

*Mrs. Cassandra Porter, Superintendent  
333 Foundry Street, New Martinsville, WV 26155*

DESTINATION: \_\_\_\_\_

**Briefly describe how this trip will be educational for your child(ren):**

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Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE TO PARENTS:** Educational vacations are a valuable part of a child's education. We believe students learn from these travel experiences.

- **Parent/Student is required to ask teachers at least one week in advance for make-up work.**
- **Please have each student maintain a journal of educational events. If your student is in Kindergarten, he/she may draw pictures of the activities. Parent/Guardian may write sentences describing the picture.**
- **Make-up work and each student's journal are due to your student's teacher within two days of their return to school.**

*Please note: parent/guardian will receive an automated School Messenger call each day the student is on Educational Leave.*

Approved: \_\_\_\_ Yes \_\_\_\_ No

Principal's  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_