

ZION CHRISTIAN SCHOOL
Learning and Living for the Glory of God

FAMILY TRIP/PERSONAL DAY REQUEST FORM

Student Name: _____

Request Type: Family Trip Personal Day(s)

Date(s) Requested: _____

Reason for Request: _____

Parent Signature _____

Date Submitted _____

Teacher Initials (Grades 7-12):

1st Hour 2nd Hour 3rd Hour 4th Hour 5th Hour 6th Hour 7th Hour

Teacher Signature (Grades K-6)

NOTE: FORM MUST BE TURNED IN TO THE OFFICE WITH ALL REQUIRED SIGNATURES AT LEAST THREE DAYS BEFORE REQUESTED ABSENCE!

"Those who trust in the Lord are like Mount Zion, which cannot be moved, but abides forever." Psalm 125:1