



1414 E. Cedar Street  
Allentown, PA 18109  
484-860-3300  
[www.llacslv.com](http://www.llacslv.com)

**LINCOLN LEADERSHIP ACADEMY CHARTER SCHOOL**

**The Original School to College Pipeline®**

**Student Application for Educational/Vacation Trip or Tour**

***\*Requests Will Not Be Approved During PSSA/KEYSTONE Testing\****

***\*\*NO EXCEPTIONS\*\****

***\*\*COMPLETE AND SUBMIT ALL COPIES TO THE PRINCIPAL TEN DAYS PRIOR TO THE TRIP\*\****

**STUDENT INFORMATION:**

Name of Student: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_

Grade: K 1 2 3 4 5 6 7 8 9 10 11 12

Parent/Guardian Name: \_\_\_\_\_

Number of days to be absent from school: \_\_\_\_\_

Dates of Absence: \_\_\_\_\_

**Brothers/Sisters who attend LLACS:**

Name: \_\_\_\_\_ Grade \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Tell us what your children will be learning and experiencing while traveling:**

\_\_\_\_\_

**PLEASE INDICATE IF YOU ARE TRAVELLING OUT OF THE STATE or COUNTRY : Y N**

If YES, Please tell us where \_\_\_\_\_

Will your child have internet access? Y N Will your child join ZOOM classes while away? Y N

Date of Application: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date application received: \_\_\_\_\_ Number of student absences to date: \_\_\_\_\_

Acknowledged/Approved \_\_ Disapproved \_\_

**If approved, absences will be excused, but cumulative and will be counted.**

Date: \_\_\_\_\_ Mrs. Figueroa-Torres ,CEO/Principal

Signature: \_\_\_\_\_