



Mother of Sorrows School

A PENNSYLVANIA CHARITABLE TRUST

"Educating the Heart, Mind, and Soul"

3264 Evergreen Drive, Murrysville, PA 15668

Web: www.moschool.org Phone: 724-733-8840 Fax: 724-325-1144

Mother of Sorrows Vacation Request Form

Student Name: _____ Date of Birth: _____

Phone Number(s)

Home: _____ Cell/Work: _____

Address: _____

Email Address: _____

Grade: _____

Teacher: _____

Dates of Absence: _____

Destination: _____ Number of days absent from School: _____

Reason for request and educational benefits:

Date: _____ Parent/Guardian Signature: _____

**Please note if you have multiple children affected by the above trip, you MUST fill out one (1) form per child. Vacation approval is subject to attendance records. If a student has already missed more than 10% of the school year to date, the vacation will not be approved and the dates will be considered unexcused absence.

Administrative Use Only

Date Received: _____ By: _____

Accepted

Rejected (Reason)

_____ Date _____

Administrative Approval

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