

Educational Trip Request

Name of Student	Grade
Name of Student	Grade
Name of Student	Grade
Will be absent from school beginning _	Return date
Person(s) directing and/or supervising s	
Name:	
Address:	
Phone:	
Itinerary of trip:	
•	ucational in nature and will, therefore, provide the student slassroom. (Use additional pages if needed.)
I certify all the above information to be	true.
Signature of Parent/Guardian:	
Printed Name of Parent/Guardian:	
FOR SCHOOL USE ONLY	
Prior Field Trip	
	Date(s)
TEACHER/STAFF NOTIFICATION: Teacher	r name:
Comments	