Ms. Darisa Everett PRINCIPAL

## **Star Hill Elementary Trip Form**

Tel.: (302) 697-6117

Fax: (302) 697-4983

Personal Data:	
Student Name:	Parent (s)/Guardian(s) Name:
Grade: Teacher:	
Day Telephone Number:	
Trip Information	
Destination:	Number of school days to be absent
Dates Students will be absent  Educational Value of the Trip:	
	Date:
*** Form must be returned to	office 48 hours prior to the trip***
Office Use Only:	
Date received:	
Teacher's Signature:	
Principal's Signature:	
Number of Excused Absences	Number of Unexcused Absences
Approved	Not Approved
Date Conv Sent to Pare	ent (s)/ Guardian(s)

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