Star Hill Elementary Trip Form

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:

___________________________________________________________

___________________________________________________________

___________________________________________________________

___________________________________________________________

Parent/Guardian: ___________________ 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 Copy Sent to Parent (s)/Guardian(s)

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