

ALLEN FREAR ELEMENTARY SCHOOL
FAMILY TRIP & SPECIAL EVENT
REQUEST FORM

Parents complete Sections A & B; Teachers complete Section C; Principal completes Section D

SECTION A

Name of Student: _____ Teacher: _____

Name of Parent/Guardian: _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

SECTION B

Destination: _____

Date leaving: _____ Date of return: _____

Number of days expected to be absent: _____

Educational value of trip: _____

SECTION C

Homeroom Teacher

Comments: _____

Special Education Teacher

Comments: _____

SECTION D

Principal Signature

Date

Absence is excused

Absence is unexcused

Original to Attendance File
Copy to Parent