FAMILY TRIP REQUEST FORM

PERSONAL DATA:
Name: ______________________________________________
Grade: Kindergarten  Homeroom Teacher: ______________________________________________
Address: ______________________________________________  Phone: ______________________

TRIP INFORMATION:
Destination: __________________________________ # of school days to be absent _____________
Date Leaving: ______________________________  Date Returning: __________________________
Educational Value of Trip: _____________________________________________________________

TRIP FORM MUST BE RETURNED TO OFFICE 48 HOURS PRIOR TO THE TRIP.

Teacher Signature __________________________________________________________
Parent Signature __________________________________________________________
Principal Signature _________________________________________________________

Excused Absence ____________________  Unexcused Absence ____________________
Any requests that are not approved (unexcused), the teacher will be notified.