



David E. Robinson Elementary

Family Trip Form

Student name: \_\_\_\_\_

Guardian name: \_\_\_\_\_

Best phone number: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Trip information

Destination: \_\_\_\_\_

Dates of absence: \_\_\_\_\_ Number of days student will be absent: \_\_\_\_\_

Educational value of the trip:

<p>Guardian Signature : _____ Date: _____</p>
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Office use:

Date Rec: \_\_\_\_\_

Principal Signature: \_\_\_\_\_

No. of excused absences \_\_\_\_\_ No. of unexcused absences \_\_\_\_\_