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 ___________________________ Absence is excused
Date ___________________________ Absence is unexcused

Original to Attendance File
Copy to Parent

Revised 8/30/13