Educational Trip Form Chestnut Ridge School

Student'	's Name			Grade
Home A	ddress:			
Dates of	f trip:			
Destinat	ion:			
The PA Do However, a requests, th value on th school days S S	epartment of Education allows a review of the students attenda ne parent or guardian is asked to be reverse side of this form. Upo	local school d nce record wil o give a brief s on the student' is/her teachers arents. er teachers te	istricts to appro- l be taken into o tatement regard s return to scho ten (10) school	ve absences legally for the purpose of educational trips. consideration. In order that a fair appraisal may be given to ing the nature of the trip and its anticipated educational ol, all work must be completed by the end of one week (5 days in advance by the following steps listed below:
Period	Subject	Teacher's	Academic Standing	Additional Comments
1			(Grade)	
2				
3				
4				
5				
6				
7				
8				
9				
Final approval or disapproval is at the discretion of the principal and/or superintendent Date Parent's/Guardian's Signature				
To be con	mpleted by Office			
Date	Approved	D	enied	Principal's Signature
Date	Approved	D	enied	
	**			Superintendent's Signature