



STUDENT TRIP REQUEST

*This request form should be submitted to the office
at least 5 school days prior the student's planned absence*

Guardian's Name: _____

Date of Request: _____

Date(s) of Proposed Absence: _____

Number of School Days Involved: _____

***NOTE: Each student should not exceed more than 5 planned absences in one school year. Any planned absence above the designated 5 will be marked as an unexcused absence regardless of purpose unless otherwise approved by the Administrator. Students are to check with the teacher at least 2 days prior to the trip to get assignments that will need to be completed in their absence.**

Student(s) Name:

Grade(s):

Purpose of Trip: _____

*This request **is not** considered approved until the administrator reviews and signs the form. You will receive a copy of the signed form through email.*

ADMINISTRATOR USE ONLY

Approved Not Approved

Comments: _____

Administrator Signature: _____

Date: _____