

**Bellefonte Area School District**  
 Bellefonte, Pennsylvania

Date Received: \_\_\_\_\_

**EDUCATIONAL TRIP REQUEST**

<b>Date of Request</b>	
Student's Name:	School of Attendance:
Grade:	Homeroom Teacher:
Are there siblings in other schools?	School: Names:
Dates of Absence (School Days):	
Date of Departure:	Return Date:
Destination:	

Purpose of Trip:
Educational Area(s) of Interest to be visited:

The student named above will be taking a trip which I request to be considered educational. I understand that the student will be responsible for discussing the absence(s) with the teacher(s) involved and for making up the required work for each class missed. I also understand that the school will not allow educational trips during scheduled PSSA testing periods.

Person(s) responsible for child/children while on trip:
Name of Parent/Guardian:
Street Address:
City, State and Zip:
Telephone Number of Parent/Guardian:
Signature of Parent/Guardian:

This form must be submitted to the School Principal at least two (2) weeks before the date of departure and should be completed in detail. Forms shall not be accepted after the trip. Submission of the form does not constitute approval.

- Approved Days \_\_\_\_\_
- Denied

Principal's Signature:	Date:
Superintendent Signature:	Date: