

Bellefonte Area School District
 Bellefonte, Pennsylvania

Date Received: _____

EDUCATIONAL TRIP REQUEST

Date of Request	
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 7 calendar days 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:

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Educational Trip Attachment Form

(Must be completed for grades 9 – 12 only)

Student Name: _____ Grade: _____ Homeroom: _____

List dates of school days that will be missed due to the educational trip:

This form must be complete and submitted along with the Educational Trip Request form BEFORE trip approval is granted. Approval will be contingent upon your academic progress, attendance record, and your responsibility for keeping up with your assignments during the trip.

The purpose of this form is to: 1) Notify your teachers of your absence; 2) Check that you are in good academic standing; 3) Obtain homework assignments before your absence from school; and 4) Check your attendance and discipline.

ACADEMIC REVIEW

(initial only if student has good academic standing)

Period(s)	Subject Area	Teacher Initials

DISCIPLINE REVIEW

(check one)

_____ Satisfactory _____ Unsatisfactory

_____ Vice-Principal Initials

ATTENDANCE REVIEW

(record # of days)

_____ Tardiness _____ Absences _____ Previous Trip Days

_____ Attendance Secretary Initials

FINAL APPROVAL

Principal