

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: