

CHAMBERSBURG AREA SCHOOL DISTRICT EDUCATIONAL TRIP REQUEST FOR SECONDARY STUDENTS

Name of	Student	Grade		<u>School</u>	
Home Add	dress:				
DATES OF	TRIP:				
DESTINAT	TION:	4			
**PARENT	CS, PLEASE COMPLETE	A BRIEF STATEMENT RI	EGARDING THE EDUCATION	AL VALUE OF THIS TRIP ON	
Prior nu	mber of excused day	ys for educational to	ours & trips during th	e current year	
Other family members requesting leave: Name		sting leave:	School		
the purp the pare and its year, ur all work	pose of educational ent or guardian is anticipated educat aless special circum must be completed	trips. In order the asked to give a bried ional value. Trips of mstances warrant other by the end of one we	at a fair appraisal ma f statement regarding should be limited to f erwise. Upon the stud	ove absences legally for y be given to requests, the nature of the trip ive (5) school days per ent's return to school, The student should notify eps listed below:	
Step 1: Step 2:		his/her teachers (plo	ease complete the foll (10) days prior to tri	owing form and student p.	
PERIOD	SUBJECT	TEACHER'S INITIALS	ACADEMIC STANDING (GRADE)	ADDITIONAL COMMENTS	
,					
4					
5					
6					
7					
8					
Final ap	pproval or disappro	val is at the discre	tion of the principal	and/or superintendent.	
	DATE		PARENT SI	GNATURE	
AN INDIX	IDUAL FORM MUST BE	FILED FOR EACH STUD	ENT REQUESTING LEAVE		
To Be Co	ompleted By Office				