

## CHAMBERSBURG AREA SCHOOL DISTRICT EDUCATIONAL TRIP REQUEST FOR SECONDARY STUDENTS

Name of Student	<u>Grade</u>		<u>School</u>
Home Address:			
DATES OF TRIP:			
DESTINATION:			
**PARENTS, PLEASE COMPLET THE BACK OF THE WHITE F		ARDING THE EDUCATIONA	L VALUE OF THIS TRIP ON
Prior number of excused d	ays for educational tou	rs & trips during the	current year
Other family members requ Name	esting leave:	<u>School</u>	
the purpose of educationa the parent or guardian is and its anticipated educa year, unless special circ all work must be complete his/her teachers ten (10) Step 1: Take form home t Step 2: Take form to all	asked to give a brief tional value. Trips sh tumstances warrant other d by the end of one wee school days in advance o parents his/her teachers (plea	a fair appraisal may statement regarding to ould be limited to fiwise. Upon the stude k (5 school days). To by following the stems of t	be given to requests, he nature of the trip ve (5) school days per nt's return to school, he student should notify ps listed below:  wing form and student
PERIOD SUBJECT		ACADEMIC STANDING	ADDITIONAL COMMENTS
IBK100 DODGDG1			
1			
3			
4			
5			
6			
7			
8			
Final approval or disappr	oval is at the discreti	on of the principal a	nd/or superintendent.
DATE	PARENT SIGNATURE		
AN INDIVIDUAL FORM MUST B	E FILED FOR EACH STUDEN	T REQUESTING LEAVE	
To Be Completed By Office			
Date Approve	d Denied Prin	cipal's Signature	