

ST. JOHN THE EVANGELIST CATHOLIC SCHOOL
BELLEFONTE, PA 16823
EDUCATIONAL TRIP REQUEST

Date of Request: _____

Student's Name: _____ Grade: _____

Dates of Absence (School Days): _____

Departure Date: _____ Return Date: _____

Destination: _____

Purpose of Trip: _____

Educational Area(s) of Interest to be Visited: _____

The student(s) named above will be taking a trip which I request to be considered educational. I understand that the student(s) will be responsible for discussing the absence(s) with the teacher(s) involved and for making up the required work for each class missed.

Person(s) responsible for child/children while on the trip: _____

Name of Parent/Guardian: _____

Address: _____

Signature of Parent/Guardian: _____

This form must be submitted to the Principal at least five (5) school days prior to planned trip departure date.

Signature of Principal

Date

_____ Approved

_____ Denied