REQUEST FOR APPROVAL OF ABSENCE FROM SCHOOL DISTRICT FOR EDUCATIONAL TRIP

Name of Child(ren)	Grade(s)	
Address:		
Street	City Zip	
Date(s) of Absences:	Date of Return to School:	
Destination:		
I understand that, if this absence is ap entirely that of the parents and child(oproved, the responsibility for making up all class work mis. ren) involved.	sed during the absence i
Date:	Parent:	
	Please Print Name	
	Parent Signature:	
Date:	Approved:	
	Principal	
Date:	Approved:	
	Superintendent	
	Not Approved	

REVISED 04/02/2019