

UPPER MERION AREA SCHOOL DISTRICT EDUCATIONAL TRIP REQUEST FORM

Name of Parent or Guardian (please print): _____

Address: _____

Telephone: (home) _____ (cell) _____

Student's Name	School	Grade	Teacher (Elementary Only)

Brief description of trip (include location):

Educational Value of Trip:

Date(s) of Trip: _____

Student(s) to be accompanied by Parent or Guardian? Yes No

Student(s) to be accompanied by other adult (in lieu of parent or guardian)? Yes No

If "Yes", what is the name of the adult? _____

Telephone: _____ Relationship to student: _____

Name of sponsoring organization, if any: _____

Signature of Parent or Guardian

Date

THE STUDENT IS RESPONSIBLE FOR ALL WORK MISSED

FOR SCHOOL USE ONLY:

- Date Request Received: _____ Total Number of School Absences to Date: _____
- Number of Days Absent for Trip: Excused _____ Unexcused _____
- Academic Status: _____
- Principal's Decision: Approved Not Approved (Parent/Guardian will be contacted if NOT approved)

Signature of Principal

Date