

**Bon Air Elementary School**

*Miss Amy P. Lenart*

3260 Leechburg Rd., Lower Burrell, Pa. 15068

(724)334-1463

**Burrell Elementary Educational Trip Request**

**(Please list below all children in the Elementary Building only who will be participating in this trip)**

Student Name \_\_\_\_\_

Home Room#/Teacher \_\_\_\_\_

Student Name \_\_\_\_\_

Home Room#/Teacher \_\_\_\_\_

Student Name \_\_\_\_\_

Home Room#/Teacher \_\_\_\_\_

Date(s) student(s) will be absent from school:

\_\_\_\_\_

As required by Pennsylvania Law and the Department of Education, please give a brief description (including the destination) of the educational value of this trip:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name(s) and Address:

\_\_\_\_\_  
*Name(s)*

\_\_\_\_\_  
*Address*

(\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
*Daytime Telephone #*

**\*I understand that although this is a legal absence, these days will be counted toward the total days missed for the school year.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**COMPLETED FORM MUST BE SUBMITTED PRIOR TO THE ABSENCE**

Approved \_\_\_\_\_  
Principal Signature

Denied \_\_\_\_\_  
Principal Signature

Original: Attendance Secretary  
Copies: Homeroom Teacher(s)  
Parent/Guardian

Revised 8/26/2015