

EDUCATIONAL TRAVEL REQUEST



SECTION 1:

TO BE COMPLETED BY PARENT OR GUARDIAN (Please print or type.)

- This form must be submitted **BEFORE** the travel dates.
- No approval will be granted if the student has any unexcused absences.
✓ Please submit excuses prior to submitting this request.
- The educational travel days will be counted toward the fifteen (15) parent excused days.

STUDENT'S NAME: _____

TELEPHONE: _____

GRADE: _____ **HOMEROOM:** _____

GUARDIAN's NAME & ADDRESS:

Travel Dates: _____

Travel Destination: _____

Educational Value:

******I understand that these travel dates will count toward the fifteen (15) parent-excused dates permitted by Burrell School District.******

Parent's or Guardian's Signature

Date

CURRENT ATTENDANCE:

Unexcused	
Excused	
Medical	

SECTION 4:

TO BE COMPLETED BY ASSISTANT PRINCIPAL

_____ **APPROVED**

_____ **DISAPPROVED**

Reason for Disapproval: (You will be notified via telephone if the request is not approved.)

Assistant Principal's Signature

Date

*****A copy of the completed form will be sent to you for records.*****
Thank you!