



# River Valley Middle & High School

## Educational Trip/College Visit Request

Please complete this form at least one (1) week in advance of trip.

**Student/Parent:** Complete all information in Section I. Submit the request to the HS office for the Principal's approval. Once approved, secure teachers' sign-off and return this page to the attendance officer BEFORE you leave for you trip. It is your excuse.

### SECTION I: JUSTIFICATION

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ HR: \_\_\_\_\_ Age: \_\_\_\_\_

Destination: \_\_\_\_\_

Date(s) of Trip: \_\_\_\_\_

Reason for Trip: \_\_\_\_\_

- Educational Benefits:
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_

_____	_____	_____
Parent/Guardian Name (printed)	Parent/Guardian Name (signature)	Date

### SECTION II: APPROVAL

APPROVED

_____	_____
Principal Signature	Date

NOT APPROVED

### SECTION II: TEACHER NOTIFICATOIN

Teacher: Please be advised that the above-named student has been excused from school to attend an educational trip during the dates recorded above. Please initial adjacent to your corresponding subject indicating that you have been properly informed of this trip.

Period	Teacher Initials:	Period	Teacher Initials:
1	_____	6	_____
2	_____	7	_____
3	_____	8	_____
4	_____	9	_____
5	_____	10	_____

The student is directly responsible for all classwork assigned during this excused absence.