

Danville Area School District
EDUCATIONAL TRAVEL

This form should be **submitted two (2) weeks prior** to the date of departure. It is to be understood by each student and parent that class work missed during the period of absence will be made up. Forms should be sent to the building principal who will be responsible for making the decision.

Name of Student(s): _____ Grade: _____

_____ Grade: _____

_____ Grade: _____

Date form submitted _____

School: _____ Homeroom Teacher: _____

Dates of Trip (Maximum of 5 school days): _____

Destination: _____

Reason for Request: _____

Parent(s) or person(s) who will accompany your child: _____

Parent/Guardian Signature

Date

Office Use Only

Number of Days Absent this Year: _____

Grades: _____

_____ Criteria has been met. I approve this educational trip.

_____ All of the criteria HAVE NOT BEEN met to approve educational travel. I cannot approve this trip for the reason stated below.

Administrator's Signature

Reason for denial of trip: _____
