



River Valley School District Elementary Educational Trip Request

Name _____ Grade _____ Homeroom _____

Home Phone _____ Parent Signature _____

Date of trip _____ Destination _____

Reason for Trip _____

Educational Benefits

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Approved / Not Approved

Principal's Signature _____

Please be advised that _____ has been excused from school to attend an educational trip during the dates recorded above. Please initial adjacent to your corresponding class indicating that you have been properly informed of this trip. After the form is complete, please return it to the office for placement in the student's permanent record.

Classroom Teacher _____

Physical Education _____

Media Center _____

Music _____

Art _____

This form must be completed five days prior to the educational trip. The student is directly responsible for all class work assigned during this excused absence.