



**LEHIGHTON AREA SCHOOL DISTRICT  
REQUEST FOR EDUCATIONAL TOUR OR TRIP NOT SCHOOL SPONSORED**

(To be completed by a parent/guardian and returned to the Principal's Office one (1) week in advance of the absence if student is to be granted an excused absence.)

\_\_\_\_\_ will be absent from school on  
*(Name of Student)* *(Building/Grade)*

\_\_\_\_\_ to participate in an educational tour or trip provided during the school term at  
*(Date[s] of Absence)*

the expense of the parent(s)/guardian(s).

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

Indicate specifically how the student will benefit educationally from this trip:

\_\_\_\_\_  
\_\_\_\_\_

Explain why the trip could not be taken on days when school is not in session:

\_\_\_\_\_  
\_\_\_\_\_

Name(s) of adult supervisor(s) during trip: \_\_\_\_\_  Father  
\_\_\_\_\_  Mother  
\_\_\_\_\_  Relative  
\_\_\_\_\_  Other

Please list below the name(s), grade(s) and building(s) for any sibling(s) in district schools also going on this trip:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Building: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Note:**

All schoolwork and tests missed during the approved trip must be made up. The student is responsible for initiating the process of making up the work missed.

In addition, a daily log listing the educational experience encountered by the student during the trip may be required. A copy of this log, if required, must be submitted to the Building Principal at the completion of the trip.

\_\_\_\_\_ *(Date)* \_\_\_\_\_ *(Parent/Guardian Signature)* \_\_\_\_\_ *(Telephone No.)*

Approved  Disapproved  \_\_\_\_\_  
\_\_\_\_\_ *(Signature of Principal)* \_\_\_\_\_ *(Date)*

**Please be advised that upon your return the district will be following the new mandate set forth by the DOH that took effect on November 20, 2020. Please refer to this link:**

<https://www.health.pa.gov/topics/disease/coronavirus/Pages/Travelers.aspx>



## LEHIGHTON AREA HIGH SCHOOL EDUCATIONAL TRIP ASSIGNMENT SHEET

**NOTE: THIS FORM MUST BE SIGNED BY ALL OF THE STUDENT'S  
TEACHERS!!**

Class 1	_____ Teacher's Signature	_____ Date
Class 2	_____ Teacher's Signature	_____ Date
Class 3	_____ Teacher's Signature	_____ Date
Class 4	_____ Teacher's Signature	_____ Date
Class 5	_____ Teacher's Signature	_____ Date
Class 6	_____ Teacher's Signature	_____ Date
Class 7	_____ Teacher's Signature	_____ Date

**\*\*The student must conference with his/her teacher to discuss missed assignments, which must be completed within five (5) days of the student's return to school.**

**\*\*This form must be returned, fully completed, to Principal/Assistant Principal before student leaves for the trip.**