



# Central Greene School District



## Request for:

**College Visit** (The first two [2] DO NOT count toward 10 days absence)

**Educational Trip** (DOES count towards students 10 days of absence)

**Job Shadowing** (DOES NOT count toward absence)

**Religious Event** (The first 36 hrs. do not count toward 10 days of absence)

Date Completed: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address  
\_\_\_\_\_  
\_\_\_\_\_

### To be completed by parent/guardian:

Dates Requested: \_\_\_\_\_

Number of Days Requested: \_\_\_\_\_

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

### Value of the trip (Limit of 5 days per year for Educational Trips)

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

\_\_\_\_\_  
Parent/Guardian's Signature

### Educational trip approval subject to student's attendance pattern & the value of the trip

\_\_\_\_\_ Approved \_\_\_\_\_ Dissapproved

Reason for disapproval: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date