



# Waynesburg Central Elementary School



Request for:

Educational Trip

(Limit of 5 days per school year.  
DOES count towards student's 10  
days of absences)

Religious Event

(Limit of 36 hours per school year.  
DOES count towards student's 10  
days of absences)

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

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

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

**To be completed by parent/guardian:**

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

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

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

**Educational value of the trip:**

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

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

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

\_\_\_\_\_ Approved

\_\_\_\_\_ Disapproved

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

\_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date