

**Caesar Rodney School District
J. Ralph McIlvaine Early Childhood Center**

11 E. Walnut Street
Magnolia, DE 19962



FAMILY TRIP REQUEST FORM

PERSONAL DATA:

Name: _____

Grade: Kindergarten **Homeroom Teacher:** _____

Address: _____ **Phone:** _____

TRIP INFORMATION:

Destination: _____ **# of school days to be absent** _____

Date Leaving: _____ **Date Returning:** _____

Educational Value of Trip: _____

TRIP FORM MUST BE RETURNED TO OFFICE 48 HOURS PRIOR TO THE TRIP.

Teacher Signature _____

Parent Signature _____

Principal Signature _____

Excused Absence _____ **Unexcused Absence** _____

Any requests that are not approved (unexcused), the teacher will be notified.