

Lakeview School District

2482 Mercer Street, Stoneboro, PA 16153-3127



Phone: 724-376-7911

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Lakeview Middle-High School Request for Educational Field Trip

Student's Name: _____ Grade: _____

Parent's Name: _____

Dates to be excused: _____ Total days of absence: _____

Date returning to school: _____

Educational trip to: _____

It's the student's responsibility to gather missed assignments before leaving

I/We feel this trip will be beneficial to our son/daughter's education because: _____

Parent's Signature

Date

Teacher's Signatures:

Period 1 _____

Period 5 _____

Period 2 _____

Period 6 _____

Period 3 _____

Period 7 _____

Period 4 _____

Period 8 _____

Period 9 _____

Final Approval: _____

Date: _____

Principal's Signature

Office Use:

Excused days to date _____

Unexcused days to date _____