

Seneca Valley School District



Tracy L. Vitale, Ed.D.
Superintendent

Administration Center
124 Seneca School Road
Harmony, PA 16037-9134
PHONE: (724) 452-6040
FAX: (724) 452-6105

ELEMENTARY STUDENT EDUCATIONAL TRIP FORM

****REQUESTS SHOULD BE SUBMITTED AT LEAST
TWO WEEKS PRIOR TO THE SCHEDULED TRIP****

Student Name: Click here to enter text. Grade: Click here to enter text.

Building: Click here to enter text. Teacher: Click here to enter text.

Dates of Proposed Absence: From: Click here to enter a date. To: Click here to enter a date.

Persons directing and/or supervising student during above absence:

Name: Click here to enter text.

Address: Click here to enter text.

Itinerary of Trip: Include activities which could be educational in nature and will, therefore, provide the child with some valuable experience outside the classroom.

Click here to enter text.

List the names and grades of the other school age children participating in this experience:

<u>Name</u>	<u>Grade</u>	<u>Teacher</u>
<u>Click here to enter text.</u>	<u>Click here to enter text.</u>	<u>Click here to enter text.</u>
<u>Click here to enter text.</u>	<u>Click here to enter text.</u>	<u>Click here to enter text.</u>
<u>Click here to enter text.</u>	<u>Click here to enter text.</u>	<u>Click here to enter text.</u>

***Please print the form and sign below to certify that all the above information is correct.**

Parent Signature: _____ Date: _____

FOR SCHOOL USE ONLY:

Approved: _____

Conditional Approval: _____

Not Approved: _____

Building Administrator: _____