



POTTSVILLE AREA SCHOOL DISTRICT

Educational Trip Form

Student Name _____

Address _____

Phone _____

I/We, _____ (parent/legal guardian) request permission to take my/our child(ren) on an

educational trip to _____

Dates of the trip are: _____

Please list your child(ren)'s names and grade levels below:

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Per Policy 204, Educational Trips will be considered if the following conditions are met:

- 1. The parent/guardian submits the required form for excusal prior to the absence.
2. At most, five (5) days of non-school-sponsored educational trips and college/ postsecondary institution visits may be granted as excused absences during the school year.
3. Student(s) will not be granted excused absences for educational trip purposes during the following time periods: the first five (5) days of school, the last five (5) days of school, and during standardized testing. Parents/guardians must review the school calendar and/or contact school personnel with any questions regarding these defined dates.

Parent or guardian signatures acknowledge acceptance of all district policies and procedures for student educational leaves.

Parent / Guardian Signature

Date

Building Administrator

Date

Superintendent

Date

Dates Approved: _____

Dates NOT Approved: _____

