

Our Lady of Victory Catholic School
State College, PA 16801
Educational Trip Request



Date of Request: ___ / ___ / ___ Student's Name: _____ Grade: _____
Student's Name: _____ Grade: _____
Student's Name: _____ Grade: _____

Requested Trip Dates: ___ / ___ / ___ - ___ / ___ / ___ Number of school days student(s) will miss: _____

Destination: _____

Rationale for the trip: _____

Educational area(s) of interest to be visited: _____

The student(s) named above will be taking a trip which we/I request to be considered educational.

We/I understand that:

- the parent(s) / student(s) will be responsible for discussing the absence(s) with the teacher(s) involved prior to the date(s) of absence(s);
- all work assigned prior to the trip must be returned the first day back or will receive a failing grade, unless alternate arrangements have been made.

We/I also understand that:

- this form must be submitted to the Principal at least two (2) weeks prior to the planned departure date;
- forms will not be accepted after the trip;
- trips will not be approved for students in grades two through eight during the Iowa Assessment testing window, unless discussed with administration.
- the total number of Educational Trip absences is not to exceed five (5) days per school year.

Person(s) responsible for child/children while on the trip:

Name of Parent(s)/Guardian(s): _____

Signature of Parent(s)/Guardian(s): _____

Signature of Principal *Date* _____ Approved _____ Denied