

**UPPER MERION AREA SCHOOL DISTRICT
EDUCATIONAL TRIP REQUEST**

Name of Parent or Guardian (please print): _____

Address: _____

Telephone: (home) _____ (cell) _____

Student's Name	School	Grade	Teacher (Elementary Only)

Brief description of trip (include location): _____

Educational Value of Trip: _____

Date(s) of Trip: _____

Student(s) to be accompanied by Parent or Guardian? ____ Yes ____ No

Student(s) to be accompanied by other adult (in lieu of parent or guardian)? ____ Yes ____ No

If "Yes", what is the name of the adult? _____

Telephone: _____ Relationship to student: _____

Name of sponsoring organization, if any: _____

Signature of Parent or Guardian

Date

THE STUDENT IS RESPONSIBLE FOR ALL WORK MISSED

FOR SCHOOL USE ONLY:

- Date Request Received: _____
- Total Number of School Absences to Date: _____
- Number of Days Absent for Trip: Excused _____ Unexcused _____
- Academic Status: _____
- Principal's Decision: ____ Approved ____ Not Approved (Parent/Guardian will be contacted if NOT approved)

Signature of Principal

Date