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:_____ # of Days: _____

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

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FOR SCHOOL USE ONLY:

- Date Request Received:_____
- Total Number of School Absences: EX:_____, V:____, UL:____ | ET:____, UT:____, ED:____ Total Mins ( )
- Number of Days Absent for Trip: Excused _____ Unexcused _____
- Principal's Decision: _____Approved _____Not Approved (Parent/Guardian will be contacted if NOT approved)

_____ _____

Signature of Principal Date