CHAMBERSBURG AREA SCHOOL DISTRICT EDUCATIONAL TRIP REQUEST FOR ELEMENTARY STUDENTS

		DATE
NAME OF STUDENT	<u>GRADE</u>	<u>SCHOOL</u>
Prior number of excused days tours and trips during the current		
Other family members requesti	ing leave:	
NAME	SCHOOL	
Date(s) student will be absent:		
		hool days per school year for educational bmitted at least ten (10) days before the
AN INDIVIDUAL FORM MU	ST BE FILED FOR EA	ACH STUDENT REQUESTING LEAVE.
Specific places of educational value of the second	4, 5. 6.	
Name and relationship of adult	who will accompany st	audent:
Date		Parent's Signature
SCHOOL DISPOSITION:		
Date		Regional Principal's Approval
Approved	Commen	ts:
Denied		

WHITE - SCHOOL COPY YELLOW - PARENTS COPY