



UPPER MERION AREA SCHOOL DISTRICT  
EDUCATIONAL TRIP REQUEST

Name of Parent or Guardian (print clearly): \_\_\_\_\_

Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Student's Name	School	Grade	Teacher (Elementary Only)

Date(s) of Trip: \_\_\_\_\_

Brief description of trip (include location): \_\_\_\_\_

Educational Value of Trip: \_\_\_\_\_

Will the student(s) be accompanied by a Parent or Legal Guardian ? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, what is the name of the adult accompanying the student(s) (in lieu of parent/guardian)?

Name (print clearly): \_\_\_\_\_

Relationship to the student: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of sponsoring organization (if applicable): \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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**FOR SCHOOL USE ONLY:**

Date Request Received \_\_\_\_\_

Total No. of School Absences to Date: \_\_\_\_\_

No. of Days Absent for Trip Excused: \_\_\_\_\_ Unexcused: \_\_\_\_\_

Academic Status: \_\_\_\_\_

Principal's Decision: \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Superintendent

\_\_\_\_\_  
Date