Danville Area School District

EDUCATIONAL TRAVEL

This form should be **submitted two (2) weeks prior** to the date of departure. It is to be understood by each student and parent that class work missed during the period of absence will be made up. Forms should be sent to the building principal who will be responsible for making the decision.

Name of Student(s): ______________________________ Grade: __________

______________________________ Grade: __________

______________________________ Grade: __________

Date form submitted:____________School: ______________________________

Homeroom Teacher: ____________ Dates of Trip (Maximum of 5 school days): ________

Destination: ____

Reason for Request: ____

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Parent(s) or person(s) who will accompany your child: ______________________________

______________________________ ____________________

Parent/Guardian Signature Date

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Office Use Only

Number of Days Absent this Year: ______________________________

_______Criteria has been met. I approve of this educational trip.

_______Criteria has not been met. I cannot approve this trip for the reason stated below.

______________________________ Administrator's Signature

Reason for denial of trip: ______________________________

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* If your student has already accrued 10 days of absence prior to travel, all travel days will be considered unexcused. If your student accrues 10 days during your travel, any remaining travel days will be unexcused. This is based on district policy. You will also receive daily automated attendance calls for any or all unexcused travel days. You are not required to call the school. Attendance will reflect the unexcused Educational Travel.