



Waynesburg Central Junior Senior High School



Request for:

☐ **Educational Trip** ☐ **College visit** ☐ **Religious Event** ☐ **Job Shadowing**
(DOES NOT count towards 10 days of absence) (The first (2) DO NOT count towards 10 days of absence) (The first 36 hrs. DO NOT count toward 10 days absence) (DOES NOT count toward absence)

Date Completed: _____

Student's Name: _____

School: _____ Teacher: _____ Grade: _____

Parent's Name: _____ Phone: _____

Address: _____

To be completed by parent/guardian:

Dates Requested: _____

Number of Days Requested: _____

Destination: _____

Educational Value of the trip:

Signature of Parent/Guardian

Educational trip approval subject to student's attendance pattern and value of the trip

☐ Approved

☐ Disapproved

Reason for disapproval: _____

Principal's Signature

Date