

Big Spring High School Educational Trip Request

Student Name: _____ Cumberland Perry CTC Student: ___Yes ___No

Date(s) of Absence: _____

Reason for absence: _____

Please list places of educational value, including city and state, to be visited and approximate itinerary:

1. _____
2. _____
3. _____

Student will be accompanied/supervised by:

___Parent/Guardian - Phone number: _____

___Other Adult - Name: _____ Phone number: _____

This form must be given to the office at least two days prior to the absence for pre-approval by an administrator.

Signature of Parent/Guardian: _____ Date: _____

Please note:

Students are responsible for work/assignments/projects missed during their absence and must **contact each teacher** to make arrangements to make-up all missed schoolwork.

Teacher approval is only required for absences that conflict with final exams for consent/approval to make-up missed exams:

Period 1: Teacher Name: _____ Initials: _____ **Period 5:** Teacher Name: _____ Initials: _____

Period 2: Teacher Name: _____ Initials: _____ **Period 6:** Teacher Name: _____ Initials: _____

Period 3: Teacher Name: _____ Initials: _____ **Period 7:** Teacher Name: _____ Initials: _____

Period 4: Teacher Name: _____ Initials: _____

-----Office Use Only-----

Received: _____

Reviewed by: _____ Absence will be: ___Approved ___Denied/Unexcused

Parents and students should check Aspen for confirmation of pre-approved absences. Absences will be entered as Excused by Administration/Educational Trip beside the approved date of absence.