

NORTHERN LEHIGH SCHOOL DISTRICT

1201 SHADOW OAKS LANE
SLATINGTON, PENNSYLVANIA

REQUEST FOR EDUCATIONAL TOUR OR TRIP
(TO BE FILLED OUT BY PARENT)

_____ DATE _____
SCHOOL

_____ WILL BE ABSENT FROM SCHOOL ATTENDANCE ON
NAME OF STUDENT

_____ TO PARTICIPATE IN AN EDUCATIONAL TOUR OR
DATE OR DATES OF ABSENCE

TRIP PROVIDED DURING THE SCHOOL TERM AT THE EXPENSE OF THE PARENTS/GUARDIANS.

REASON:

ALL LOCATIONS TO BE VISITED:

NAMES OF ADULT SUPERVISOR DURING TRIP: _____

- () FATHER
- () MOTHER
- () GUARDIAN

PARENT'S SIGNATURE

- () APPROVED
- () DISAPPROVED

BUILDING PRINCIPAL/SUPERVISOR

DATE

IF "DISAPPROVED," PLEASE EXPLAIN: _____

- () APPROVED
- () DISAPPROVED

DISTRICT SUPERINTENDENT

DATE

IF "DISAPPROVED," PLEASE EXPLAIN: _____
