SOUTH FAYETTE TOWNSHIP SCHOOL DISTRICT
EDUCATIONAL TOUR FORM

To be considered an excused Educational Trip absence, this form must be completed in its entirety and returned to the attendance office at least two weeks prior to the date of the tour/trip.

NAME OF STUDENT/S _____ GRADE ___

_____ GRADE ___

_____ GRADE ___

TEACHER NAME (ELEMENTARY ONLY) _____

ADDRESS _____

_____

PARENT'S NAME _____

PARENT EMAIL FOR NOTIFICATION OF APPROVAL: _____

BEGINNING AND ENDING DATES OF TRIP _____

NUMBER OF SCHOOL DAYS TO BE MISSED _____

DESTINATION OF THE TOUR/TRIP _____

REASON WHY THE TRIP/TOUR COULD NOT BE TAKEN ON DAYS WHEN SCHOOL IS NOT IN SESSION

_____

_____

_____

PLEASE EXPLAIN IN DETAIL THE EDUCATIONAL SIGNIFICANCE OF THE TOUR OR TRIP TO YOUR CHILD(REN)

_____

_____

_____

_____ _____

Signature of Parent/Guardian Date

Office Use Only

_____ Approval Granted _____ Approval Denied

Signature of Principal (s) _____ Date ___

_____ Date ___