

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: _____

NAMES OF ADULT SUPERVISOR DURING TRIP: _____

_____ PARENT'S SIGNATURE
 FATHER
 MOTHER
 GUARDIAN

APPROVED
 DISAPPROVED

_____ BUILDING PRINCIPAL/SUPERVISOR _____ DATE

APPROVED
 DISAPPROVED

_____ DISTRICT SUPERINTENDENT _____ DATE