

Danville Area Middle School

EDUCATIONAL TRAVEL

This form should be completed and signed by a parent/guardian prior to obtaining teacher signatures. This practice allows teachers and students to begin planning for missed work. It is to be understood by each student and parent that classwork missed during the period of absence will be made up. The completed form must be submitted to the main office **two (2) weeks prior** to the date of departure. Trips will not be approved for students who have accumulated ten (10) or more absences for any reason.

Name of Student: _____ Grade: _____

Dates of Trip (Maximum of 5 school days): _____

Destination: _____

Reason for Request: _____

Parent(s) or person(s) who will accompany your child: _____

Parent/Guardian Signature

Date

(Please have teachers sign on the reverse side before returning the form to the office).

Office Use Only

Number of Days Absent this Year: _____

The student is passing all courses: YES NO

_____ Criteria has been met. I approve of this educational trip.

_____ All of the criteria HAVE NOT BEEN met to approve educational travel. I cannot approve this trip for the reason stated below.

Administrator's Signature

Reason for denial of trip: _____

	Teacher Signatures:
Block One	
Block Two	
Block Three	
Block Four	
Special One	
Special Two	
Special Three	