

SAINT JOSEPH SCHOOL
420 East Simpson Street
Mechanicsburg, PA 17055

REQUEST FOR EDUCATIONAL TRIP

STUDENT: _____ GRADE: _____

DESTINATION: _____

DATE(S) OF ABSENCE: _____

PURPOSE OF THE TRIP: _____

I understand that my child has the responsibility for making up any work that he/she may miss while on this trip. The deadline for completing this work will be five (5) school days from the date of our return. I also understand that my child will not receive any work in advance of his/her trip.

Parent's Signature

Date

TRIP APPROVED

TRIP NOT APPROVED FOR THE FOLLOWING REASONS:

Rebecca Bamberger
Principal

Date