

**STUDENT EDUCATIONAL TRIP REQUEST
(Non- Family Vacation)**

Redbank Valley School District
920 Broad Street
New Bethlehem, PA 16242
Phone (814) 275-2426 Fax (814)275-2428

Type of Trips Covered With This Form
College Visit
Job Shadow
School Project
Organized Event Outside of School

TODAY'S DATE _____

****Trips will not be approved for more than five (5) cumulative days per year, during the first ten (10) or last ten (10) days of school, during final exams, or during standardized testing windows.**

STUDENT NAME _____ Grade _____

DATES OF ABSENCES REQUESTED: _____

**Form must be submitted prior to trip. Post trip forms will not be accepted.

Trip Destination: _____

Category of Trip: Organized Event Job Shadow School Project
 College Visit Other: Please explain _____

Educational Activities to be covered: _____

HIGH SCHOOL ONLY: Obtain initials from all teachers prior to form submission. It is your responsibility to gather all work prior to the trip.

Period 1 _____ Period 2 _____ Period 3 _____ Period 4 _____

Period 5 _____ Period 6 _____ Period 7 _____ Period 8 _____

As the Parent/Guardian of _____, I accept full responsibility for the student(s) absence from school. I understand that there will be paperwork due upon my child(ren)'s return to school. All arrangements for missed work need to be made in advance of the trip.

Parent Signature _____ DATE _____

ABSENCE APPROVAL

Student Name _____

Date verification form submitted _____

Principal's confirmation _____ Date _____

Absence is _____excused _____unexcused