

**CENTRAL DAUPHIN SCHOOL DISTRICT
DEPARTMENT OF PUPIL SERVICES**

EDUCATIONAL TRIP / ACTIVITIES

Educational trips and activities in combination shall not exceed five (5) days total for the school year. This form must be submitted **prior** to the trip/activity and receive approval from the building principal(s). Trips will not be approved the days PSSA tests are scheduled. Please complete a separate form for each student and submit to the appropriate building office.

Student's Name: _____ Grade: _____

Building: _____

Parent / Guardian Name: _____

Address: _____

Date(s) Student will be absent from school: _____

Type of request: Please provide number of days on the line provided.

(a) _____ Educational Trip / Places to be visited: _____

Educational benefit: _____

(b) _____ Educational Activity / Description of participatory activity:

I certify the above information to be correct, understand and accept the procedures to be followed and request permission be granted for the described trip/activity.

_____ Days Excused _____ Days Unexcused

_____ Sent Copy to Parent/Guardian (office use only) Date Sent _____

Parent/Guardian Signature

Date

Principal Signature

Date