## Palisades Middle School (PALMS)

4710 Durham Road

Kintnersville, PA 18930

## **Educational Trip Approval Request Form**

(Original form must be submitted to the PALMS assistant principal <u>at least ten (10) school days prior</u> to the first day of the educational trip.)

Full Name of Student:	Current Grade Level:
First day of absence due to trip:	Last day of absence due to trip:
Location of Trip:	
Please state briefly the educational value of this trip for your child:	
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My signature below indicates that I understand that all abser to school attendance procedures in regard to absence level to attendance regulations. I further understand that it is the re which will be missed during the absence from school prior to be done within the constraints established by individual teac	hresholds prescribed by Commonwealth of Pennsylvania sponsibility of the student/parent to obtain school work leaving for the trip. Submission of completed work must
Signature of custodial parent/le	egal guardian:
Date signed:	
**************************************	*************
Date received in PALMS Student Office:	_
Total Number of Unexcused Absences thus far this school ye	ear:
Total Number of Excused Absences thus far this school year	:
Total Number of Tardy/Post-Tardy incidents thus far this scl	hool year:
This request is Approv	vedDenied
Reason:	
Richard S. Spering, Jr. Assistant Principal:	

(After completion, a copy of this form will be sent home with the student to the parent)