

Shamokin Area School District

Elementary and Intermediate School

3000 West State Street Coal Township, PA 17866 Phone: 570-648-5721 Fax: 570-644-3703



Jennifer L. Neary Principal Christopher Zimmerman Head Teacher

EDUCATIONAL TRIP REQUEST FORM

I/We,	, request permission to take		
(Parent/legal guardia	(Ch	nild's name)	
	eational trip to		
(Homeroom Teacher)			
Dates of the trip are:			
The itinerary of the trip will include th	e following:		
Names of the other children (enrolled	in the Shamokin Area Flementary Scl	hools) who will participate	
in the trip:	ii the Shamokiii Area <u>Licinentary</u> Ser	moois) who will participate	
Name	Teacher	Grade	
Name	Teacher	Grade	
Name	Teacher	Grade	
Parent Signature		Date	
Building Administrator	Date	Date	
Approved			
Disapproved			