

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	n), request permission to take (Cl	(Child's name)	
on an educ (Homeroom Teacher)	ational trip to		
(Homeroom Teacher)			
Dates of the trip are:			
The itinerary of the trip will include the	e following:		
Names of the other children (enrolled in the trip:	n the Shamokin Area <u>Elementary</u> Scl	nools) who will participate	
Name	Teacher	Grade	
Name	Teacher	Grade	
Name	Teacher	Grade	
Parent Signature	Date	Date	
Building Administrator	Date	Date	
Approved			
Disapproved			

Please note the following.

No Educational absences will be granted during PSSA testing No Educational absences will be approved beyond five (5) school days. No Educational absences will be approved if the student has accumulated thirteen (13) or more absences (Excused or Unexcused for the school year).