



JOHNSONBURG AREA ELEMENTARY SCHOOL

1536 Wilcox Road, Johnsonburg, PA 15845
(P) 814-965-2577 * (F) 814-965-4101

EDUCATIONAL TRIP **(Not school sponsored)**

STUDENT: _____ HOMEROOM: _____

Parent/Guardian: _____ Telephone#: _____

We the parent/guardian of _____ wish to have him/her excused
from school on _____ through _____ for the purpose of
what we consider to be an educational trip to:

Destination: _____

In order for your child's trip to be "excused" (providing the trip is approved), the following section must be completed.

We believe the following to be the educational value of the trip.

NUMBER OF DAYS EXCUSED: _____

Signature of Parent/Guardian _____

Students who have been approved for "educational trips" will be marked absent excused from school on those non-attendance days.

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FOR DISTRICT USE ONLY: _____ APPROVED

_____ NOT APPROVED

Principal Signature: _____

cc: B File (original), Attendance, Nurse, Homeroom Teacher, Parent