

Mount Union Area School District

Parental Request for Trips That Are Not School Sponsored

Parent/Guardian_____ Student_____

Address_____ City/State_____ Zip Code_____

School_____ Grade_____ Teacher_____

We, the parents/guardians of _____, wish to have him/her excused from school on _____
(MM/DD/YY)
through _____ for what we consider an educational trip.
(MM/DD/YY)

We understand that the student will be responsible to keep up with academic work, will make up tests and will complete homework.

Itinerary for Trip (If there is not enough room please attach):

We believe this trip to be of educational value because: _____

Parent/Guardian Signature

Date

_____ Approved

_____ Not Approved

Principal's Signature

Date

FOR OFFICE USE ONLY: Number of Excused Days_____ Number of Unexcused Days_____ Student's GPA_____

Please submit this form at least one week before the planned trip.