

## **Field Trip Absence Request**

Student's full name	Grade	
Will be absent from school beginning	Return date	
Person(s) directing and/or supervising stud	dent during above absence:	
Name:		
Address:		
Itinerary of trip:		
_	rational in nature and will, therefore, provide ne classroom. (Use additional pages if needed.) ue.	
Signature of Parent and/or Guardian	Date	
Printed Name of Parent and/or Guardian		
FOR SCHOOL USE ONLY		
Prior Preplanned		
AbsencesDate		
TEACHER/STAFF NOTIFICATION: Teacher	er	
Other		