

**St. Catherine Laboure School**  
4020 Derry Street \* Harrisburg \* Pennsylvania 17111-2269  
Phone (717) 564-1760 \* Fax (717) 564-3010

TO: Parents/Guardians

SUBJECT: Parent Request for Trips During School

PLEASE NOTE: IT IS THE RESPONSIBILITY OF THE STUDENT TO MAKE UP ALL WORK.  
See handbook for policy.

Student Name: \_\_\_\_\_ Grade & Section: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Address: \_\_\_\_\_

Numbers to be reached at: \_\_\_\_\_

Dates of Absence from School: \_\_\_\_\_

Place/s to be Visited: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_  
I certify the above information to be correct and request that permission be granted for the above trip.

Return of this form will serve as the excuse for this absence.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Principal Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date