

# St. Catherine Laboure School

## EDUCATIONAL TRIP/ACTIVITY REQUEST FORM

Educational trips and activities in combination shall not exceed five (5) days total for the school year. This form must be submitted **prior** to the trip/activity and received approval from administration. Please submit a separate form for each student.

Student Name: \_\_\_\_\_ Grade/Section: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Date(s) Student will be absent from school: \_\_\_\_\_

Type of request: Please provide the number of days in lines provided.

(a) \_\_\_\_\_ Education Trip/Places to be visited:

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(b) \_\_\_\_\_ Educational Activity/Description of participatory activity:

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I hereby certify that the information provided above is true and correct to the best of my knowledge. I understand and accept the procedures to be followed and respectfully request that permission be granted for the described trip/activity. I further understand that unexcused absences exceeding three (3) days are considered truancy.

\_\_\_\_\_ Days Excused      \_\_\_\_\_ Days Unexcused

\_\_\_\_ Send Copy to Parent/Guardian (office use only)      Date Sent: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian                      Parent/Guardian                      Date

\_\_\_\_\_  
Administration Signature                      Date