

Big Spring High School Educational Trip Request

Student Name: _____ Vo-Tech Student: ___Yes ___No

Date(s) of Absence: _____

Reason for absence: _____

Please list places of educational value to be visited and approximate itinerary:

1. _____
2. _____
3. _____
4. _____

Student will be accompanied/supervised by:

___ Parent/Guardian - Phone number: _____

___ Other Adult - Name: _____ Phone number: _____

This form must be given to the office at least two days prior to the absence for pre-approval by an administrator.

Signature of Parent/Guardian: _____ Date: _____

Please note:

Students are responsible for work/assignments/projects missed during their absence and must contact each teacher to make arrangements to make-up all missed schoolwork.

Absences that conflict with final exams require the consent/approval of each teacher to arrange a make-up exam:

Period 1: Teacher Name: _____ Initials: _____

Period 2: Teacher Name: _____ Initials: _____

Period 3: Teacher Name: _____ Initials: _____

Period 5: Teacher Name: _____ Initials: _____

Period 6: Teacher Name: _____ Initials: _____

Building Authorization: ___ Approved ___ Disapproved Office Approval: _____

Comments: _____
