## **Big Spring High School Educational Trip Request**

Student Name:		Vo	o-Tech Student: _	Yes	No
Date(s) of Absence	:				
Reason for absence	2:				
Please list places of	educational value, inclu	ding city and state, to be	visited and appro	oximate iti	nerary:
1					
2					
3					
Student will be acc	ompanied/supervised by an - Phone number:				
Other Adult - N	lame:		Phone number:		
	e given to the office at least				
Cianatura of Doroat	Cuerdian		D	et e .	
Signature of Parent	/Guardian:		D	ate:	
<u>Please note:</u>					
Students are r	esponsible for wor	k/assignments/pro	jects missed	during	their
absence and n	nust <b>contact each t</b>	eacher to make ar	rangements <sup>-</sup>	to make	e-up all
missed school			-		·
Teacher app	proval is only required for	absences that conflict w	vith final exams		
for consent	/approval to make-up m	ssed exams:			
Period 1:	Teacher Name:		Initials:		
Period 2:					
Period 4:	Teacher Name:		Initials:		
Period 5:	Teacher Name:		Initials:		
		Office Lice Only			
Received:					
Reviewed by:		Absence will be:	Approved	Deni	ed/Unexcused
	dents should check Aspe Excused by Administrati	· · ·			