



Big Spring Elementary School Educational Trip Request Form

Student's Name _____ Grade _____

Date of Absence: _____

Reason for Absence: _____

A. Re: Educational trip – list places of interest to be visited and approximate itinerary:

1. _____ Date _____

2. _____ Date _____

3. _____ Date _____

4. _____ Date _____

B. My child will be accompanied/supervised by :

____ Parent or guardian: or

____ Other adult _____

Parent's Signature _____

Phone _____

STUDENTS: This form should be given to your teacher and returned to the office before the day(s) of absence.

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School Use Only:

_____ approved _____ disapproved

Principal Initials: _____ Date _____

Comments _____