

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. _____

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.

Teacher approval is only required for absences that conflict with final exams for consent/approval to make-up missed exams:

Period 1: Teacher Name: _____ Initials: _____

Period 2A: Teacher Name: _____ Initials: _____

Period 2B: Teacher Name: _____ Initials: _____

Period 4A: Teacher Name: _____ Initials: _____

Period 4B: Teacher Name: _____ Initials: _____

Period 5: Teacher Name: _____ Initials: _____

-----Office Use Only-----

Received: _____

Reviewed by: _____ Absence will be: ___ Approved ___ Denied/Unexcused

Parents and students should check Aspen for confirmation of pre-approved absences. Absences will be entered as Pre-Arranged Absence beside the approved date of absence.