Cheltenham School District
Educational Travel Request Form

Please complete this form and return it to your child’s principal if you wish to request that your child’s absence(s) from school for educational travel be excused. Requests should be submitted at least two (2) weeks before the date of departure. Submission of this form alone does not constitute approval. You will be notified as to whether this request has been approved or if more information is needed.

Date: _______________________

Student’s Name: _____________________________________________________________

School: ___________________________________________________________________

Grade: _____________

Dates of Absences: ___________________________ Number of School Days: ______

Destination: __________________________________________________________________

Educational Value of Trip: _____________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Note: A maximum of five (5) school day absences per year for educational travel will be considered excused. It is the responsibility of the student to request work that will be missed prior to the absence(s). All school work received should be completed and given to the teacher(s) on the day the student returns to school, unless other arrangements have been made. The responsibility for the completion of any assignment rests with the individual student and the discretion and convenience of the subject teacher. This request constitutes a commitment on the part of the student to contact each of his or her teachers to arrange for the completion of assignments following the trip. Teachers are not required to provide work prior to the trip and there should be no expectation that this will occur.

___________________________________________________________________________

(Parent Name) (Parent Signature)

For Office Use Only

Principal Signature ______________________ Date ________________________________

_____Approved _____Denied

Comments: ______________________________