

POCONO MOUNTAIN SCHOOL DISTRICT
Educational Trip Approval Request

School _____ Grade _____ Homeroom _____

Permission is requested for _____ to participate in the educational trip described below. This request is made pursuant to Board Policy on Educational Trips published on the back of the application (Policy #204).

Trip dates: _____ through _____. Total number of school days missed: _____

Trip destination: _____ Description of the educational value of the trip (use additional pages if necessary, along with documentation substantiating the trip's value:

List all siblings in district that are also applying for trip approval:

NAME	BUILDING	GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have read the educational trip policy and believe that the trip described above meets the requirements of this policy. In addition, my child will complete all the requirements as pre- scribed.

Signature of Parent(s)/Guardian(s) _____
Date

FOR OFFICE USE ONLY:
DAYS ABSENT _____ DAYS TARDY _____

The above student has applied for permission to take an educational trip. Please complete the recommendation below.

TEACHER NAME	RECOMMEND	NOT RECOMMEND	COMMENT
	<i>(Circle One)</i>		
_____	YES	NO	_____
_____	YES	NO	_____
_____	YES	NO	_____
_____	YES	NO	_____
_____	YES	NO	_____

PRINCIPAL'S DECISION YES NO

Principal's Signature _____