



## STUDENT EDUCATIONAL TRIP REQUEST FORM

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher(s): \_\_\_\_\_

Please be sure to have read and understand the **Attendance Policy in the GCS Parent/Student Handbook**. Please complete and return this form to the administrative office **2 weeks in advance of your trip**. Trip days may not exceed **10 days per school year**.

The student is **required to make up assignments** as directed by his/her teacher(s). The Parent or Guardian will ensure this is done. The student has the same amount of days absent to complete the work after he/she returns. (2 days absent = 2 days to complete work after student returns)

# of days of Request: \_\_\_\_\_ Date(s) of absence: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

(Please note: the reason must be educational)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ATTACH A COPY OF THE EDUCATIONAL TRIP ITINERARY.**

---

### **FOR SCHOOL USE**

Approved \_\_\_\_\_ Declined: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Director of Education

\*Each teacher must receive a copy to ensure make-up work is prepared.