

Lake-Lehman School District

Lehman, PA 18627

EDUCATIONAL TRIP APPROVAL REQUEST

SCHOOL _____ GRADE _____ TEACHER _____

Permission is requested for _____ to participate in the educational trip described below.

Trip dates: _____ through _____

Total number of school days that will be missed: _____

Trip Destination: _____

Description of the educational value of the trip: _____

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

<u>Name</u>	<u>Building</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Parent / Guardian

Date

Principal's Signature

Date

_____ *Approved* _____ *Denied*

COPY: Principal
Classroom Teacher
Guidance Department
Child Accounting
Parent