

BENTON MIDDLE/SENIOR HIGH SCHOOL EDUCATIONAL TRIP FORM

Date _____

Student Name _____ Grade _____

Home Phone # _____ Trip Supervisor _____

Date Trip Will Begin _____ Date Student will return to school _____

Number of Days Student will miss _____ Destination _____

Purpose of Trip _____

I the parent/guardian understand that my student is required to obtain assignments from all teachers prior to leaving for this trip and will be expected to return the completed assignments when he/she returns to school. I accept responsibility to ensure that my student takes the time to complete these assignments prior to or during the trip and will see all work is ready to be submitted as outlined above. I further understand that approval of this request is contingent upon the information I am submitting and could be disapproved. Once approved, the student must see each teacher for assignments.

Parent Signature _____

Principal Signature _____ Date Approved _____
Approved _____ Denied _____

Teachers: This student will be absent from school on the dates indicated above. Please provide the student with all assignments for those dates and initial.

Subject	Assignment	Initials

I understand my assignments and will have them complete for turn-in upon my return to school and that failure to complete assignments could seriously affect my grade. I will return this completed form to the office prior to my leaving. Student Signature _____