

# Educational Trip Request

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

Homeroom: \_\_\_\_\_

Date / Dates of Trip: \_\_\_\_\_

Date Student Returns to school: \_\_\_\_\_

**State you are visiting:** \_\_\_\_\_

Purpose of trip / educational value: \_\_\_\_\_

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Basic Itinerary \_\_\_\_\_

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\_\_\_\_\_  
Parent's signature

approved

not approved

\_\_\_\_\_  
Principal's signature

**\*Please fill out a separate form for each student.**

Forms must be submitted to the principal **ONE WEEK** prior to the date of the trip (as per handbook).

**\*\*\*If the student visits a restricted state, they will need to be quarantined for 14 days upon return.**