

**STROUDSBURG AREA SCHOOL DISTRICT
EDUCATIONAL TRIP FORM**

A key factor to successful school performance is class attendance. The School District does not recommend lengthy student absences whether excused or unexcused. Parents/guardians who are planning educational trips which are not school sponsored are advised of the following District Policy:

1. Parents/guardians must request approval at least two weeks prior to the trip. At that time, the principal will determine if the trip is educational and excusable. The two-week notice is necessary to provide adequate teacher time to provide assignments if the proposed trip is approved.
2. A total of five school days in an academic year may be excused for educational trips. Additional absences for educational trips will be unexcused and/or unlawful as the statutes may apply.
3. Students may be given appropriate assignments as determined by the teacher and approved by the principal.
4. Any exceptions to this policy due to extenuating circumstances must be approved by the Superintendent.

THIS SECTION TO BE COMPLETED BY THE PARENT(S)/GUARDIAN(S) AND SUBMITTED TO THE MAIN OFFICE AT LEAST TEN SCHOOL DAYS PRIOR TO THE TRIP.

Student Name _____ School _____ ID # _____ HR Teacher _____

Dates of Trip - From: _____ to _____ Number of missed school days: _____

Description of Educational Trip: _____

Parent's / Guardian's Signature _____ Date submitted: ____/____/____

LIST ALL SIBLINGS WHO ARE ENROLLED IN THE DISTRICT AND WILL BE PARTICIPATING IN THE EDUCATIONAL TRIP:

Student Name _____ Grade/ID# ____/____ School _____

Student Name _____ Grade/ID# ____/____ School _____

Student Name _____ Grade/ID# ____/____ School _____

Student Name _____ Grade/ID# ____/____ School _____

THIS SECTION MUST BE COMPLETED BY TEACHERS:

Subject _____	Teacher _____
Subject _____	Teacher _____
Subject _____	Teacher _____
Subject _____	Teacher _____
Subject _____	Teacher _____
Subject _____	Teacher _____
Subject _____	Teacher _____
Subject _____	Teacher _____
Subject _____	Teacher _____

THIS SECTION TO BE COMPLETED BY THE PRINCIPAL:

Total number of educational trip days to date ____ Total number of days for all educational trips: ____

Total number of days absent to date ____ out of ____ days possible = ____ % attendance.

____ Approved/ ____ Not Approved OR ____ Recommended/ ____ Not Recommended

____ Requires Superintendents Approval

Comments if not approved or recommended: _____

Signature of Principal: _____ Date: ____/____/____

THIS SECTION TO BE COMPLETED BY THE SUPERINTENDENT:

____ Approved/ ____ Not Approved

Signature of Superintendent (if over 5 days): _____ Date: ____/____/____

Comments if not approved: _____