

**STROUDSBURG AREA SCHOOL DISTRICT  
EDUCATIONAL TRIP FORM**

**\*\*\*A FORM MUST BE COMPLETED FOR EACH STUDENT\*\*\***

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- A FORM MUST BE COMPLETED FOR EACH STUDENT:**

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 _____

**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 Superintendent's 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: \_\_\_\_\_