

DIANE WORKMAN
Acting Superintendent

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1702 SCHOOL STREET
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Secondary Student Application for Educational Tour or Trip*

Part 1: To be completed by parent/guardian

Student's Name: _____

Address: _____

School: _____ Grade: _____ Homeroom: _____

Were prior requests granted this school year? _____

Dates student will be absent from school: _____

Proposed destination: _____

Purpose of tour/trip: _____

Itinerary of tour/trip: _____

Reason trip cannot be taken when school is not in session: _____

I hereby request that the above student be excused from compulsory attendance during this period of absence. I have read and understand the details regarding Educational Trips included with this form. I assume responsibility for supervising the completion of all assignments and responsibilities which are to be submitted upon his/her return to school or within a reasonable period of time as designated by his/her teacher(s).

Date: _____ Signature Parent/Guardian: _____

Part 2: To be completed by student's teachers

Period	Teacher's Initials	Comments/Assignments	Due Date
1/R1			
2/R2			
3/R3			
4/R4			
5/W1			
6/W2			
7/W3			
8/W4			
9			

Part 3: To be completed by building principal

Please check one: Approved _____ Conditionally Approved _____ Denied _____

Comments: _____

Date: _____ Signature of Principal: _____

***Form must be submitted at least 14 days prior to scheduled trip.**