

**CENTRAL DAUPHIN SCHOOL DISTRICT  
DEPARTMENT OF PUPIL SERVICES**

**EDUCATIONAL TRIP / ACTIVITIES**

Educational trips and activities in combination shall not exceed five (5) days total for the school year. This form must be submitted **prior** to the trip/activity and receive approval from the building principal(s). Trips will not be approved the days PSSA tests are scheduled. Please complete a separate form for each student and submit to the appropriate building office.

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

Building: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date(s) Student will be absent from school: \_\_\_\_\_

Type of request: Please provide number of days on the line provided.

(a) \_\_\_\_\_ Educational Trip / Places to be visited: \_\_\_\_\_

\_\_\_\_\_

Educational benefit: \_\_\_\_\_

(b) \_\_\_\_\_ Educational Activity / Description of participatory activity:

\_\_\_\_\_

I certify the above information to be correct, understand and accept the procedures to be followed and request permission be granted for the described trip/activity.

\_\_\_\_\_ Days Excused    \_\_\_\_\_ Days Unexcused

\_\_\_\_\_ Sent Copy to Parent/Guardian (office use only)    Date Sent \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date