



Capital Area School for the Arts  
Charter School

# Educational Trip Request Form

**\*\*Please complete Parts I and II of this form and return it to the Main Office at least *seven days prior* to the date of the requested absence.\*\***

## PART I: TO BE COMPLETED BY PARENT/GUARDIAN.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Travel destination or temporary address: \_\_\_\_\_

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

Purpose of trip: \_\_\_\_\_

Activities/Itinerary: \_\_\_\_\_

Were prior requests for other educational trips granted during this school year? Yes No

I hereby request that the above student be excused from compulsory attendance during this period of absence. I assume responsibility for supervising the completion of all assignments/responsibilities which are to be submitted upon his/her/their **return to school or within the period of time, as designated by the teachers and administrators. I understand that some requests may be denied due to disciplinary attendance issues or other concerns related to the above student.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PART II: TO BE COMPLETED BY STUDENT AND STUDENT'S TEACHERS.

Teacher	Course	Assignments/Missed Work	Due Date

## PART III: TO BE COMPLETED BY PRINCIPAL

Educational trip request is:  Approved  Denied Reason for denied request: \_\_\_\_\_

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

Date: \_\_\_\_\_