



## Our Lady of the Angels School

404 Cherry Street, Columbia, PA 17512

717-684-2433 † Fax 717-684-5039

[www.ourladyoftheangels.org](http://www.ourladyoftheangels.org)

### Request for Educational Trip

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Will be out of school for an educational trip to: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Educational reason for trip:

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I will make written contact with my child/children's teacher(s) at least 2 weeks prior to leaving on the trip. I am aware that my child/children is/are responsible for work missed and will make up work by a time determined by the classroom teacher.

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

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

Approved by Principal : \_\_\_\_\_

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