



Central Greene School District



Request for:

College Visit (The first two [2] DO NOT count toward 10 days absence)

Educational Trip (DOES count towards students 10 days of absence)

Job Shadowing (DOES NOT count toward absence)

Religious Event (The first 36 hrs. do not count toward 10 days of absence)

Date Completed: _____

Student's Name: _____

Phone: _____

Grade: _____

Parent's Name: _____

Address _____

To be completed by parent/guardian:

Dates Requested: _____

Number of Days Requested: _____

Destination: _____

Value of the trip (Limit of 5 days per year for Educational Trips)

Parent/Guardian's Signature

Educational trip approval subject to student's attendance pattern & the value of the trip

_____ Approved

_____ Disapproved

Reason for disapproval: _____

Principal's Signature

Date