

Request For Approval For Absences Due To Family Trip

Date of Request: _____

Student Name: _____

Grade/Teacher: _____

Trip Destination: _____

Dates of Trip: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

If you have any questions or need any assistance, please contact Piney Creek
School- 359-2988

FOR SCHOOL OFFICIAL USE ONLY

Administrative Approval:

Administrator's Signature: _____

Date of Approval: _____

Teacher's Clearance:

Above named student has turned in all work missed from the above dates of trip.

Teacher's Signature: _____

Date: _____