

## Main Office

## EDUCATIONAL TRIP REQUEST

Dear Parent/Guardian,	
Please use this form if you wish to request a	n excused absence for an educational trip.
I hereby request to have (Name of Student) excused from the following dates	
Grade: Homeroom Te	acher:
Howard Gardner MI Charter School request prior to ten (10) days in advo b) Approval must be given by the Prin c) Failure to gain approval for an Edu unexcused, and where appropriate	cational Trip will result in the absence being declared
In addition, I will abide by regulations of Trip Policy.	the Educational Trip as described in the attached Educational
Signature of Parent/Guardian	Date
	OR SCHOOL USE ONLY
Date Received	Total # of Days Absent:
Educational Trip is () Approved	
() Disappro	
og Student File Main Office Operations	Date of Approval/Disapproval: Manager
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