

SHALER AREA SCHOOL DISTRICT
BURCHFIELD PRIMARY SCHOOL
1500 BURCHFIELD ROAD
ALLISON PARK, PA 15101
(412) 492-1200 Ext. 4500
FAX (412) 486-7631

PARENTAL REQUEST FOR EDUCATIONAL VACATION TOUR OR TRIP

TO BE COMPLETED BY PARENT:

Student's Name _____ Grade _____

Destination _____

Date of Departure _____ Date of Return _____

Number of Previous Requests this School Year _____

Number of Previous Approvals this School Year _____

Considering the general itinerary of your education tour of trip, how do you feel your child may benefit educationally through such a tour or trip?

Parent/Guardian Signature _____

Date _____



FOR OFFICE USE ONLY:

_____ Approved

_____ Not Approved with following justification:

Signature of School Official _____