

# SHALER AREA SCHOOL DISTRICT

1800 Mount Royal Blvd.

Glenshaw, PA 15116

(412) 492-1200

## 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 or trip, how do you feel your child may benefit educationally through such a tour or trip?

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

Date \_\_\_\_\_

FOR OFFICE USE ONLY:

\_\_\_\_\_ Approved

\_\_\_\_\_ Not approved with the following justification \_\_\_\_\_

Signature of Principal \_\_\_\_\_