FOX CHAPEL AREA SCHOOL DISTRICT
"Excellence is not an act, but a habit." - Aristotle

No. 204.1-AR
FOX CHAPEL AREA SCHOOL DISTRICT
ADMINISTRATIVE REGULATION

Educational Tour & Trip Request Form

Parent/Guardian Name: _____

1. **Destination:**_____

2. **Date(s) the student(s) will be missing school:** _____

   _____

3. **What is the educational significance to the student of the educational tour/trip? (Specific points of particular educational interest or value should be noted here.)**

   _____

   _____

   _____

4. **Please state the reasons why the educational tour/trip cannot be taken on days when school is not in session.**

   _____

   _____

5. **Name(s) of school age students attending the tour/trip and the building to which they are assigned:**

   Student(s) **Grade Level** **Building(s)**

   _____

   _____

   _____

   _____

PLEASE RETURN TO THE PRINCIPAL OF EACH STUDENT'S SCHOOL.

QRT TEACHER	**DATE**
1st Period Teacher	**SIGNATURE OF PARENT/GUARDIAN**
2nd Period Teacher	**DATE**
3rd Period Teacher	**SUPERINTENDENT OR DESIGNEE**
4th Period Teacher	