



Wyoming Valley West School District

Dana Elementary Center

Educational Trip Request



Student Name: _____

Teacher's Name: _____ Grade: _____

Parent's Name: _____

Date request submitted: _____

Date(s) of Planned Trip: _____ Number of School Days: _____

Trip/Activity Location: _____

Reason for Trip or Activity: _____

Explain the educational benefits of the trip or activity relating them to your child's school or class work: _____

Assignments related to the trip are required. Please list 3 assignments that your child will complete during the trip. Assignments are to be turned in to the office at the completion of the trip.

1. _____
2. _____
3. _____

(The assignments listed here are developed by the parents/guardians and must be educational in nature)

Approved Not Approved

Comments or assignments by Principal: _____

Principal's Signature

Assignments completed: Yes No

Please note: **Students are also responsible for all work assigned by their individual teachers. Work must be submitted upon returning to school.**