

Request for Clearance for Family Educational Trip

Parent Name _____

Trip Destination _____

Dates of Anticipated Absence _____

Educational Aspects of Trip _____

Children

Name

Grade

Name

Grade

Name

Grade

Name

Grade

Date

Signature



For Office Use Only

Requested absence qualifies / does not qualify for approved trip status.

Date

WFCS Office

_____ **Copy given to teachers**