



Our Lady of the Angels School

TO: Parents/Guardians

SUBJECT: Parent Request for Extended Family Trips During School

PLEASE NOTE: **IT IS THE RESPONSIBILITY OF THE STUDENT TO MAKE UP ALL WORK AFTER RETURNING FROM THE TRIP. NO WORK IS TO BE REQUESTED FROM A TEACHER PRIOR TO THE TRIP.**

Name of Students:

_____	Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____

Name of Parent _____

Address _____ Phone _____

Dates of Absence from School _____

Place or Places to be Visited _____

Reason for Trip _____

******RETURN OF THIS FORM WILL SERVE AS THE EXCUSE FOR THIS ABSENCE. YOU WILL NOT RECEIVE VERIFICATION FROM THE SCHOOL. THIS FORM IS KEPT ON FILE AS PROOF OF A REQUESTED ABSENCE.**

I CERTIFY THE ABOVE INFORMATION TO BE CORRECT.

Signature of Parent/Guardian

Signature of Principal

Date

Date