



JAMESTOWN AREA SCHOOL DISTRICT EDUCATIONAL TRAVEL FORM



Students may legally be excused from school attendance to participate in educational tours or trips as provided through the Pennsylvania School Regulations. The specific basis for such excusals is reprinted below:

"Upon receipt of a written request from parents of pupils involved, pupils may be excused from school term at the expense of the parents when such a tour or trip is so evaluated by the District Superintendent and pupil participants therein are subject to direction and supervision by an adult personage acceptable to the District Superintendent and to the parents of the pupils concerned.

The decision to approve or deny the request is based on the student's grades and attendance record.

1. No trip will last longer than 10 school days.
2. No combination of educational trips will last longer than 10 school days.
3. No student may take more than three educational trips per school year.
4. Travel will not be granted during district or state testing periods.
5. Any exceptions to the above policy would require approval of the board of education.

Parents: Please fill in shaded area and return to the High School Office.

NAME OF PUPIL: _____ **Age:** _____ **Grade:** _____

HOMEROOM TEACHER: _____

DATES OF DESIRED ABSENCE (INCLUSIVE): _____

NAME OF PERSON WHO WILL BE RESPONSIBLE FOR THE STUDENT(S) ACTIVITIES: _____

PROPOSED ITINERARY:

LIST OF EDUCATIONAL SITES, EVENTS, OR ACTIVITIES THAT YOUR CHILD WILL PARTICIPATE IN WHILE ON THE TOUR/TRIP:

1. _____
2. _____
3. _____
4. _____

Students must give 2 weeks advance notice. The longer the trip, the more advance notice is necessary. Once assignments are given, students are expected to complete all work before returning to class. Students must discuss potential time line problems with teachers before leaving on their trip. Students must get teacher's signature to confirm that assignments were given and that due dates were discussed.

IF WORK IS NOT COMPLETED SATISFACTORILY NO CREDIT WILL BE GIVEN FOR ASSIGNMENTS.

PARENT'S SIGNATURE: _____ **DATE:** _____

TEACHERS, PLEASE DO NOT SIGN THIS FORM UNLESS THE PRINCIPAL & SUPERINTENDENT HAVE APPROVED IT.

TEACHER SIGNATURES:

PD 1	PD 4	PD 7	PD 9
PD 2	PD 5	PD 8	PD 10
PD 3	PD 6		

Office Use:

PRINCIPAL'S SIGNATURE: _____ **DATE:** _____

Approved Disapproved

REASON FOR DISAPPROVAL:

SUPERINTENDENTS SIGNATURE: _____ **DATE:** _____