RIDGWAY MIDDLE-HIGH SCHOOL
EDUCATIONAL TRIP RELEASE FORM

When taking an extended educational trip, the student must turn in this form to the office prior to departure for approval. Once the trip has been approved by the principal, the form will be given to the student one week prior to departure for them to meet with all their teachers, get any assignments and have this form signed. Student must turn in this completed form to the office prior to departure and meet with the principal. Final approval will not be granted until grade/attendance check is done prior to departure.

TRIP INFORMATION

Please excuse my child on the dates listed below for an educational trip. I understand that it is his/her responsibility to meet with his/her teachers prior to the trip and to make up missed work.

Student Name: _____ **Grade:** _____

Dates of Trip: _____ **Number of school days to be missed:** _____
(use dates from first day of absence to last day of absence)

Destination: _____

Itinerary:
Anticipated EDUCATIONAL objectives of the trip and expected outcomes for child(ren). Examples: (1) The student will visit historical sites. (2) The student will become more familiar with the geography of the Mid-West. If additional space is required, please use reverse side.

1. _____
2. _____
3. _____

Parent Signature: _____ **Date:** _____

STUDENT ACCOUNTABILITY

I understand that it is my responsibility to meet with my teachers prior to the trip and to make up missed work.

Student Signature: _____ **Date:** _____

TEACHER CONSENT

We have discussed the work he/she will miss, and the student is aware that all work is to be made up within one week of his/her return. *(Note to Teacher: Your signature indicates that you have given and/or discussed with the student the work he/she will be missing).*

Maroon Day	**White Day**
Mod 1_____	Mod 1_____
Mod 2_____	Mod 2_____
Mod 3_____	Mod 3_____
Mod 4_____	Mod 4_____
Mod 5_____	Mod 5_____

PRINCIPAL CONSENT

_____ **Approved** _____ **Denied**

Comments: _____

Principal Signature: _____ **Date:** _____