



TUSSEY MOUNTAIN SCHOOL DISTRICT  
 199 FRONT STREET  
 SAXTON PA, 16678  
 PHONE: (814) 635-2975  
 FAX: (814) 635-3713



**EDUCATIONAL TRIP APPROVAL REQUEST**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Permission is requested for \_\_\_\_\_ to participate in the educational trip described below.

Trip Dates: \_\_\_\_\_ through \_\_\_\_\_

Total number of school dates missed: \_\_\_\_\_

**(It is recommended that all requests be submitted at least five (5) days in advance of the trip and be limited to five (5) school days per year. Parents are encouraged not to schedule trips during PSSA Testing or during the last ten days of the school year)**

Trip Destination: \_\_\_\_\_

Description of the educational value of the trip:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Denied

In the event of quarantine restrictions that may occur during travel for your approved educational trip, all students will be required to quarantine upon return in accordance with any quarantine laws set forth by the Tussey Mountain School District, State, County or Federal lawmakers.

**\*\*\*\* Please fill out one form for each student attending the trip and submit it to office in the building they are enrolled in. \*\*\*\***