

Tussey Mountain Elementary School
Saxton, PA. 16678

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 days that will be missed: _____

Trip Destination: _____

Description of the educational value of the trip: _____

List all siblings in the district that are also applying for trip approval:

<u>Name</u>	<u>Grade</u>
_____	_____
_____	_____
_____	_____

Signature of Parent/Guardian: _____ Date: _____

Principal's Signature: _____ Date: _____

_____ Approved _____ Denied

Please be aware of the Pennsylvania Department of Health Quarantine recommendations when traveling to and from other states. The TMSD Health and Safety Plan requires students and staff to follow all DOH recommendations regarding quarantine when returning from a trip. More information can be found at www.health.pa.gov/topics/disease/coronavirus/Pages/Travelers.aspx