SOUTHERN LEHIGH SCHOOL DISTRICT LOWER MILFORD ELEMENTARY SCHOOL

EDUCATIONAL TRIP REQUEST

Dear Parents:	
Please use this form if you wish to request Educational Trips may be excused if approplease submit this completed form to the peducational trip.	
Name(s) of children:	
	Teacher
	Teacher
	Teacher
1. The responsible adult in whose company the child will be:	
2. Date(s) of absence:	
3. Destination and educational aspects for trip:	
Parent's Signature	
Telephone # Date	
	ED TO THE PRINCIPAL BEFORE THE
We will contact you if there is a problem	with this request.
DO NOT FILL IN INFORMATION BELO Approved Disapproved	OW (office Use Only)