



CLOVER GARDEN SCHOOL

2454 Altamahaw-Union Ridge Road
5806 Pagetown Road
Burlington, NC 27217
(336) 586-9440, Fax: (336) 586-9477
website: clovergardenschool.com



GRADE _____

Date of Request Submission: _____

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

Trip dates: _____ Total number of school days missed _____

Trip destination: _____

Description of the educational value of the trip (use additional pages if necessary, along with documentation substantiating the trip's value):

By signing below, I acknowledge that an artifact (summary of what was gained from the trip, pictures, brochure, etc.) from the experience will be provided within 3 days of the trip. If an artifact of the educational value is not provided, the absence will be coded unexcused.

Signature of Parent/Guardian Date

School use only:

____ Approved (date approved: _____)
____ Not Approved (date not approved: _____)
____ Artifact turned in excused absence
____ No artifact turned in; absence is unexcused

The above named student has applied for permission to take an educational trip. Please complete the recommendation below.
Teacher Name (Print and Sign) then Recommend (Yes)/Not Recommended (No)

| | | | |
|-------|--------|-------|--------|
| _____ | YES/NO | _____ | YES/NO |
| _____ | YES/NO | _____ | YES/NO |
| _____ | YES/NO | _____ | YES/NO |
| _____ | YES/NO | _____ | YES/NO |
| _____ | YES/NO | _____ | YES/NO |

Principal/Director Signature

Date