



Charters - Houston Jr./Sr. High School

2050 WEST PIKE STREET • HOUSTON, PENNSYLVANIA 15342

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KURT KESNECK
ASSISTANT PRINCIPAL

PHILIP MARY
PRINCIPAL

SEAN McNALLY
COUNSELOR

EDUCATIONAL TRIP FORM

STUDENT'S NAME: _____

DATE: _____

DATES OF TRIP: beginning date _____ Return home date _____

GRADE: _____

LOCATION OF TRIP: _____

EDUCATIONAL OBJECTIVES OF TRIP: _____

*****YOUR CHILD IS RESPONSIBLE FOR ALL WORK THAT HE/SHE MISSES DURING THE EDUCATIONAL TRIP.**

PARENT SIGNATURE: _____

PRINCIPAL'S SIGNATURE: _____

TRIP APPROVED _____ REASON _____

TRIP NOT APPROVED _____

****to be determined by the School District in case Quarantine is warranted**

Total number of school days to be absent _____

Return to school date _____



COPIES TO: PARENT _____

MRS. LUCAS _____

MRS. AMON _____

*Total number of days absent before trip _____