

St. Thomas The Apostle School
129 West Penn Street
Bedford, PA 15522
814 – 623 -8873



Educational Trip Requested

We _____ request permission to
(Parent or Guardian)

take _____ from school on
(Child's Name)

(Dates)

We understand this is to be an educational trip and all school work will be made up at the discretion of the teacher, within one week of return. A report or presentation will also be required at the teacher's discretion.

A description of the trip is as follows:

Signed _____

Approved _____ Not Approved _____