

Calvary Christian Academy

Elementary School Family Trip Request Form



DISCIPLESHIP TRUTH EXCELLENCE
EPHESIANS 4:12-13

Student Name: _____ Today's Date: _____

Grade: _____ Homeroom Teacher: _____

Reason for loss of school days: _____

Dates child will not be in school: _____ to _____

Subject	Comments

Administrator's remarks: _____

Parents: The work your child is given prior to your departure is expected to be completed and turned in the day your child returns from this trip. If this is going to be a problem, please discuss with your child's teacher and work out a plan between the two of you.

Signature of Administrator

Signature of Parent