

# Calvary Chapel Christian Academy

## K-8th Grade School Family Trip Request Form



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