## **NORTH EAST INTERMEDIATE ELEMENTARY** {REQUEST FOR APPROVAL OF FAMILY EDUCATIONAL TRIP}

PARENTS:		ne following information and return the forence(s) for approval by the Principal.	orm to the NEIE office one (1) week prior to
Student Name:		HR Teacher:	HR:
for the purposes in order for stuc throughout the	s of travel, educati lents to achieve an school year. Whe		
DATES OF AB	SENCE: [from]	[through	n]
	OF ABSENCE: _ ABSENCE: [pleas	 se include the nature and location of t	the trip and educational objectives].
PARENT SIGN	ATURE:		DATE:
ТН	IS SECTION TO	BE COMPLETED BY CLASSROOM	TEACHERS (signatures)
ELA		MATH	
SS		SCIENCE	
ART		LIBRARY	
MUSIC		PE/POOL	
PRINCIPAL'S		Mrs. Dina Hathaway, NEIE	DATE:
		MIS. DIIId Hattiaway, NEIE	
	THIS SECTION	ON TO BE COMPLETED BY ATTE	ENDANCE OFFICE
Total Absences to	Date:	Total Days Requested:	Year Total: