

West-Mont Christian Academy
873 South Hanover Street Pottstown, Pa 19465
610-326-7690

Request for Educational Travel

Student Name _____ Grade _____

Dates of Travel Requested _____

West-Mont Christian Academy recognizes the value of educational travel. However, the parent must assume responsibility of the child's academic progress while not in attendance. A child's education is a shared responsibility between the school and home, therefore, educational travel must be directly related to sound educational objectives.

Describe in as much detail as possible the itinerary of educational activities and places you expect to visit and how they would relate to the academic education of your child.

Name of Parent or Guardian who will accompany student _____

I will assume responsibility for my child's education while on Educational Travel leave from school. I will also be responsible to contact our child's teacher(s) for the assigned work via a written note or e-mail. I agree that all work will be completed upon my child's return to school.

Parent/Guardian Signature

_____ Date ___ / ___ / ___

<p>Office use only</p> <p>Administrator's Approval _____ Date ___ / ___ / ___</p> <p>Parent Notified of Approval by _____ Date ___ / ___ / ___</p>
