

SHAMOKIN AREA MIDDLE/HIGH SCHOOL  
2000 WEST STATE STREET  
COAL TOWNSHIP, PA. 17872  
(570) 648-5731

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I/We, \_\_\_\_\_ request permission to take \_\_\_\_\_  
(Parent/Guardian) (Student's name)

Grade \_\_\_\_\_ on an educational Field trip to \_\_\_\_\_ on the following dates:

\_\_\_\_\_

The itinerary of the trip will include the following things that will be of educational value to the student involved:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Names of other students who will be participating in the trip:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_ Approved

\_\_\_\_\_ Disapproved