



SHAMOKIN AREA ELEMENTARY AND INTERMEDIATE SCHOOL

3000 West State Street
Coal Township, PA 17866
Phone: (570) 648-5721
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Mr. Michael L. Keefer
Principal

Mr. Anthony Carnuccio
Assistant Principal

Mrs. Laura Fetterman
Guidance Counselor

EDUCATIONAL TRIP REQUEST FORM

I/We, _____, request permission to take _____
(Parent/legal guardian) (Child's name)

_____ on an educational trip to _____
(Homeroom Teacher)

Dates of the trip are: _____

The itinerary of the trip will include the following: _____

Names of the other children (enrolled in the Shamokin Area Elementary Schools) who will participate
in the trip:

Name Teacher Grade

Name Teacher Grade

Name Teacher Grade

Parent Signature Date

_____ Approved

Building Administrator Date _____ Disapproved