

Calvary Christian Academy

Jr./Sr. High School Family Trip Request Form



DISCIPLESHIP TRUTH EXCELLENCE
EPHESIANS 4:12-13

Student Name: _____ Today's Date: _____

Grade: _____ Homeroom Teacher: _____

Reason for loss of school days: _____

Dates child will not be in school: _____ to _____

Student – please take this around to all your teachers and have them sign off below. When done, return to the office for administrator signature.

Teacher	Teacher Comments

Administrator's remarks: _____

Signature of Administrator

Signature of Parent