



**Deer Lakes School District
Application for Educational Tour or Trip**

Part I: To be completed by a parent or guardian:

Student Name: _____ HR # _____ Telephone Number: _____

Address: _____

Proposed travel destination: _____

Dates student will be absent from school: _____

Reason why trip could not be taken when school is not in session: _____

NOTICE RELATED TO COVID-19 PRECAUTIONS- Per the Pennsylvania Department of Health, there are specific "HotSpot" locations that will require your child to quarantine for 14 days before returning to school. If your destination is within one of these zones- it will be indicated below by the building principal. Your child would then complete their work remotely until the 14 day time period is over.

Parent Signature: _____ Date: _____

Part II: To be completed by the building principal:

Check one: _____ Approved _____ Disapproved

Reason for disapproval: _____ Excessive Absences _____ Poor Grades _____ Other

Covid-19 Precautions:

_____ The above listed destination is within a "HotSpot" and will require the 14 day quarantine period.

_____ The above listed destination is NOT within a "HotSpot" and does not require the 14 day quarantine period.

Signature of Principal : _____ Date : _____

Part III: To be completed by the student's teacher(s):

Math	
Science	
Social Studies	
ELA:	

