

LAFOURCHE PARISH SCHOOL BOARD
OFFICE OF CHILD WELFARE AND ATTENDANCE

P.O. BOX 879
THIBODAUX, LOUISIANA 70302-0879
PHONE: 985-446-5631
FAX: 985 446-0801

REQUEST FOR EDUCATIONAL TRIP

I am requesting approval for an educational trip for my child/children.

Parent/Guardian: _____ Phone: _____

Email: _____

(Only the parent or legal guardian may request approval for an educational trip for their child)

Dates we will be traveling: _____ TO _____ (Only 5 days can be considered)

Destination(s): _____

Reason for travel: _____

Please indicate your plans during your travel that you feel may be considered educational.

****If approved, documentation proving your trip is required to be presented to your child's school upon student's return.**

Student(s)	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

****The office of Child Welfare and Attendance will notify you and the school via email if approved.**

Barry Filce, Director

Gregory Cook, Director