STUDENT TRAVEL

TO BE RETURNED IN 5 SCHOOL DAYS BEFORE THE EVENT

Organization_____

Sponsor(s) _____

Location of Event_____

Date(s) of Event _____

List period's missed_____

If a substitute is needed please let the secretary know so arrangements can be made. If you have morning or lunch duty please leave a note for the substitute so that they will cover your duty.

List students alphabetically:

_____	_____
_____	_____
_____	_____
_____	_____
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