

QUAKER VALLEY SCHOOL DISTRICT

100 Leetsdale Industrial Drive, Suite B
Leetsdale, PA 15056
(412) 749-3600

TAKE YOUR CHILD TO WORK DAY

Student's Name _____

Building _____

Grade Level _____ Home Room Teacher _____

Student will be out of school on _____ (Date)

All day _____

OR

from _____ to _____

Briefly describe the experience your child will have:

Parent's Name: _____

Address: _____

Telephone Number: _____

Parent Signature: _____

Students who actually attend work with their parents
on this designated day will not be considered absent from school.
This experience will be considered a field trip for educational purposes.

Acknowledged receipt by Building Principal _____