TRAVEL PLANS FORM for ELEMENTARY STUDENTS

Parent / Caregiver's Name _____

Student Name(s)	Grade	Homeroom Teacher

We are notifying the school of the student absence(s) for travel as described below.

Date student(s) will be absent from school:

_____

At various times during the school year, students will be participating in a variety of standardized assessments which at times may be difficult to reschedule. April & May are especially busy testing months. Individual testing schedules vary by grade & teacher. Families are encouraged to check with teachers prior to submitting this form.

Destination / Travel Plans:

_____

_____

Parent / caregiver's signature _____ Date _____

Return this form to the student's school office or homeroom teacher.
Teachers may assign make-up homework upon your student's return.

Acknowledgement of Receipt:

_____ _____
Principal Date

Original goes to the Front Office
❑ copy to the classroom teacher