

VALENTINE HILLS ELEMENTARY SCHOOL
TRAVEL PLANS FORM

Parent's Name _____

Students at Valentine Hills:

| Name | Grade | Homeroom Teacher |
|------|-------|------------------|
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We are notifying you of child(ren)'s absence for family travel as described below.

Dates 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 their child(ren)'s teacher prior to submitting this form.

Destination/Travel Plans

Parent's signature _____ Date _____

Return this form to the Valentine Hills School office.
Teachers will assign make-up homework upon your student's return.

Acknowledgement of Receipt:

Principal

Date

Original - Attendance/Office

Classroom teacher

Parent