

**MOUNDS VIEW DISTRICT ELEMENTARY SCHOOL
TRAVEL PLANS FORM**

Parent's Name _____

Student Name(s)	Grade	Homeroom Teacher

We are notifying you of our 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 signature _____ **Date** _____

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

Acknowledgement of Receipt:

Principal

Date

Original – Attendance/Office

- Classroom teacher**
- Parent**