

**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