



STUDENT TRAVEL FORM

For three (3) or more days

We encourage all students to attend classes regularly. While we understand that absences may be necessary at times, please note:

- Absenteeism can affect learning and grades.
- Students are responsible for connecting with their teachers to catch up with or identify missed work. Parents/guardians share this responsibility in supporting their child. Please avoid travel during exam times.

☐

Student's Name: _____

Grade: ☐ 9 ☐ 10 ☐ 11 ☐ 12

Date of Travel: _____

Total Number of Absences: _____

Reason for Travel

☐ Sports ☐ Family Holiday ☐ Family Emergency ☐ Other

By signing below, you acknowledge and agree to the following:

- ☐ I will meet with my teachers before my absence to inform them and create a homework plan (see back of page)
- ☐ I take responsibility for completing all missed work in a timely manner as outlined in my homework plan.
- ☐ I understand that significant travel-related absences may negatively impact my academic progress and grades.

Student Signature: _____

Parent/Guardian Signature: _____

Date: _____

Administrative Signature: _____

Please connect with your teachers to identify any missed work, assignments or tasks you need to complete.

	SUBJECT	TEACHER	TEACHER INITIALS	SCHOOL HOMEWORK PLAN	ACADEMIC CONCERNS
A					
B					
C					
D					
E					
ZZ					