



Parent/Student Travel Survey

If your family is traveling, we ask that you voluntarily complete the following travel survey and follow CDC travel recommendations.

First Name

Last Name

Email

Phone

Name of Student _____

Classroom _____

Name of Student _____

Classroom _____

Name of Student _____

Classroom _____

Name of Student _____

Classroom _____

Travel Destinations

Please provide a list of areas (cities, states, regions, countries, etc.) that you have visited or will be visiting:

Date of Departure (mm/dd/yyyy)

Date of Return (mm/dd/yyyy)
