



HERITAGE SCHOOL

TRAVEL FORM

Your Name: _____

Your Child's Name: _____

Child's Teacher: _____

Class (i.e. 3 Day 2s or 2 Day 3s): _____

Please indicate below the dates and destination for your upcoming trip.

Date(s) of Travel Plans: _____

Travel Plan Destination: _____

We will be adhering to social distancing and masking recommendations during our trip to the best of our abilities (circle one): **Yes** **or** **No**

By signing, I understand that I may need to quarantine for 14 days upon my return home as a safety precaution for the families and staff at Heritage School. This will be determined by the recommendation from the PA Health Department found on the websites listed below.

For the latest list of Quarantine States, go to the following site:
<https://www.health.pa.gov/topics/disease/coronavirus/Pages/Travelers.aspx>

For a map of Advisory Levels for international travel, go to the following site:
<https://travelmaps.state.gov/TSGMap/>

Your Name: _____ Date: _____