



**Myron B. Thompson Academy**  
1040 Richards St., Ste # 220, Honolulu, Hawaii 96813  
(808) 441-8000 (808) 683-7062 FAX  
www.ethompson.org



**NOTIFICATION OF TRAVEL FORM**

This completed form must be **submitted 2 weeks** prior to your departure date.

**Student Name:** \_\_\_\_\_ **Grade level:** \_\_\_\_\_

All students who plan to travel during the school year when classes are in session must submit this form 2 weeks prior to their departure dates. Travel is not permitted during finals and standardized testing.

In case of travel because of a **family emergency**, we ask that students submit this form as soon as possible.

**Students must notify their teachers and ARE responsible for all work due. EXTENSIONS WILL NOT be granted. Return this completed form by mail or fax to 683-7062.**

Please circle the quarter in which the travel will occur and list courses and teacher names

**QUARTER:**    1    2    3    4

**COURSE TITLE**

**TEACHER**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Departure Date:** \_\_\_\_\_

**Return Date:** \_\_\_\_\_

**Description of travel:** \_\_\_\_\_

\_\_\_\_\_

**Contact information during travel (Person to contact, cell phone/phone # at destination, email)**

\_\_\_\_\_

**Describe how you will connect to the internet during your travel:** \_\_\_\_\_

\_\_\_\_\_

*I understand that this notification of absence does not excuse my child from any assignment due dates. My child will complete all assignments either on time or before their due dates. We will keep in contact with all teachers and counselors during our absence. We will not schedule any travel during finals or standardized testing.*

Print Parent /Guardian Name

Parent/Guardian Signature

Date