

BROCKWAY AREA SCHOOL DISTRICT

40 NORTH STREET
BROCKWAY, PENNSYLVANIA 15824
TELEPHONE 814-265-8411
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JEFFREY T. VIZZA
Superintendent

LAURIE L. PICCIRILLO
Business Manager

Brockway Area School District
TRAVEL INQUIRY

Please complete the following prior to your trip out of the state and return to your child's school:

1. Student/Staff Member Name: _____
2. Place of Destination: _____
3. Dates of Travel: _____
4. Purpose of Travel (i.e. Wedding, Family Vacation, Service Trip, etc.)

5. Are you planning to attend amusement/theme parks, concerts, or any other very large gatherings or venues during your time away? (GREATER THAN 250 PEOPLE)

YES (please explain)

NO

6. I (we) will adhere to the current Pennsylvania Department of Health's safety recommendations and mandates. (social distancing, face coverings, hand washing)

YES

NO (please explain) _____

Parent/Guardian Signature OR Staff Member Signature:

Date: