



St. James' Church Kindergarten

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TRAVEL DECLARATION FORM

Child's name: _____

Class: _____

Birth cert. no.: _____

*Please state intended *travel plans for your child:*

No.	Name of country & town	Dates of intended travel	Reasons for travel
1			
2			
3			
4			

** If there are any changes to the plans, please keep the school updated.*

Name of Parent: _____

Contact no.: _____

Date: _____