



**Seton Catholic Central Middle School and High School**

206 New York Road  
Plattsburgh, NY 12903

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Fax: (518) 563-1193  
www.setoncatholic.net

**STUDENT TRAVEL FORM**

STUDENT NAME \_\_\_\_\_

The student will be traveling to: (City, State, Country) \_\_\_\_\_

He/She will be staying at/with: Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (Include Country Code) \_\_\_\_\_

Dates: Leaving (MM/DD/YY) \_\_\_\_\_ Returning (MM/DD/YY) \_\_\_\_\_

Student is traveling:  Alone  Friend \_\_\_\_\_  Family Member \_\_\_\_\_

Mode of Transportation:  Car  Bus\*  Train\*  Plane\*

\* If traveling by bus, train, or airline, you **must** attach a copy of your printed travel itinerary.

**Host Parents:** Please make sure your student completes this form, attaches a copy of their travel itineraries, and has their natural parent(s) e-mail lynnmariegilbert@yahoo.com or fax (518) 563-1193 written consent for these travel plans. If your student is planning on missing more than three (3) academic school days, they **MUST** have each of their teachers sign the back of this form after it has been completed.

HOST PARENT'S SIGNATURE: X \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE OFFICE OF INTERNATIONAL STUDENTS**

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

- Completed Travel Form
- Host Parent Signature
- Printed Travel Itinerary if Applicable
- Faculty Signatures on Back if Applicable
- Natural Parents' Permission

NOTES:

DIRECTOR'S SIGNATURE: X \_\_\_\_\_