



DAZHONG PRIMARY SCHOOL
TRAVEL DECLARATION FORM FOR DZPS STUDENTS

Name of Student: _____ (Index No. ____) Class: P _ - _ (202_)

Dear Parent/ Guardian,

Please assist to complete the following question(s).

QUESTION 1

Would your child(ren) be travelling?

Yes [Please proceed to Questions 2 and 3]

No [Thank you. You may skip Questions 2 and 3 and proceed to sign and complete the submission]

QUESTION 2

Travel Dates

From ____/____/____ [DD/MM/YYYY]

To ____/____/____ [DD/MM/YYYY]

QUESTION 3

Travel Destination(s). Please state Country and City of Visit

1. _____ [Country], _____ (City/Cities)

2. _____ [Country], _____ (City/Cities)

3. _____ [Country], _____ (City/Cities)

4. _____ [Country], _____ (City/Cities)

5. _____ [Country], _____ (City/Cities)

Important Notes: For travels outside of scheduled school holidays and public holidays, please seek permission from the school.

Name & Signature of Parent / Guardian : _____

Date of Submission : _____