



# HCS Out-Of-State Travel Notification Form

Effective 2/22/22

**WE DO NOT NEED "NEIGHBOR ISLAND" TRAVEL NOTIFICATION AT THIS TIME.**

**IF HCS STUDENT OR EMPLOYEE IS TRAVELING OUT-OF STATE, please fill out the attached pre-travel notification form** before your trip and before employee/student is expected to come back to school.

\*For Students: Be sure to call the office and notify your child's teacher prior to your child's absence (whether traveling in or out of state).

**Complete and Return to HCS Admin. Office at least 14 days prior to travel date.**

Today's Date: \_\_\_\_\_ HCS Traveler (check one) : \_\_\_Student/ \_\_\_Employee

## **HCS Student/Employee information and Travel Details:**

1. Name of student/employee traveler: \_\_\_\_\_
2. Student grade: \_\_\_\_\_
3. Print - Parent name (completing form) \_\_\_\_\_
4. Parent/Employee contact number: \_\_\_\_\_
5. Parent/Employee email: \_\_\_\_\_
6. Date leaving Hawaii Island: \_\_\_\_\_
7. Destination: \_\_\_\_\_
8. Expected return date to Hawai'i Island: \_\_\_\_\_

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**B. For HCS Office Use Only: Post-travel documentation**

1. Did student/employee take a pre-arrival or post-arrival test: \_\_\_ Yes \_\_\_ No
2. Testing date: \_\_\_\_\_
3. Test provider: \_\_\_\_\_
4. Test type: \_\_\_\_\_ (eg. NAAT, PCR, Antigen,)
5. Date results received: \_\_\_\_\_
6. Test result: \_\_\_\_\_
7. Was the test provider a State of Hawai'i trusted partner: \_\_\_ Yes \_\_\_ No
8. Did student/employee apply for a quarantine exemption via the Safe Travels Program? \_\_\_ Yes \_\_\_ No
9. Did student/employee receive a county exemption due to a medical procedure? \_\_\_ Yes \_\_\_ No
10. With all documentation submitted (copy of test) proving a negative test result, the projected return date to Haili Christian campus activities is: \_\_\_\_\_