



WAOLANI JUDD NAZARENE SCHOOL

Where Faith and Learning Reflect the Character of Christ

408 N. Judd Street, Honolulu, HI, 96817 • Phone: (808) 531-5252 • Fax: (866) 586-9867

Website: www.wjns.org • Email: office@wjns.org

Travel Notification Form

Thank you for notifying WJNS of your travel plans. Please complete the form and submit to the school office 72 hours prior to departure.

Name(s) of Travelers in the same household: 1.

2.

3.

4.

5.

Please include all departure dates if traveling to multiple destinations.

Departure Date: _____

Destination #1: _____

Departure Date: _____

Destination #3: _____

Departure Date: _____

Destination #2: _____

Departure Date: _____

Destination #4: _____

Arrival Date: _____

Please select your preferred return clearance plan:

☐ We will complete the State of Hawaii pre-travel COVID-19 test and quarantine for 14 days.

☐ We will complete the State of Hawaii pre-travel COVID-19 test and the second COVID-19 test 5 days after the first test.

Print Name: _____

Signature: _____ Date: _____