

Global Study Connections

PERMISSION TO TRAVEL FORM

Student's Name: _____

Travel Destination: _____

Date Leaving: _____ Date Returning: _____

Name of Adult @ Destination: _____

Others who are traveling with student and their ages and gender _____

Contact Number: _____ Student Cell Number: _____

If traveling via Airplane Please provide the following information:

1. Airline Service: _____

2. Departing Flight Number: _____ Return Flight Number: _____

3. Flight Departure Time: _____

4. Flight Returning Time: _____

If traveling via bus please provide the following information:

1. Bus Service: _____

2. Bus Departure Time: _____

3. Bus Returning Time: _____

I hereby release Global Study Connections and all of its employees, host families and partners from all liability, damages or claims in relation to my child staying overnight the days specified in the Global Study Connections Travel form. I also understand that Global Study Connection relies on the information provided by the student in the permission to travel form.

Signature of Student: _____ Date: _____

Signature of Parent: _____ Date: _____

Signature of Principal or CEO: _____ Date: _____