

prior to the trip departure for review. *

Acknowledgement of Travel Form (Overnight/Outside of Metro Vancouver)

Student's Full Name		School
Destination	Travel Dates:	to
Accommodation Name		Phone
Address	City	Province
Country	Postal Code	
Purpose of Trip, Transportation Means	(Including Itinerary and Activities – <mark>if studer</mark>	nt is flying, include flight itinerary)
		
ADJUT CHAPERON (the adult r	nust be 25+ of age. A copy of governme	nt_issued photo ID must be attached
<u> </u>	onsibility of the above-mentioned student	<u> </u>
Phone E	mail	
Relationship to student		
Accommodation Address: must be the	e <u>same as student above.</u>	
PARENTS/LEGAL GUARDIAN		
I will insure that our son/daughter	r has adequate travel insurance and health	coverage.
	l) child to go on the trip with the above adu	
Parent/Legal Guardian Name and Signa	ature	
Phone	Email	
RESPONSIBLE PERSON (the ad	lult that is currently hosting the student a	t the house)
I am aware of this trip and agree	to allow my Homestay student to go with t	he adult chaperon.
Homestay Name and Signature		
Phone	Email	
	cient information prior to your overnight/out of	
program, parents/legal guardians, homest	ay parents, and chaperon) are involved in and a	greed to your trip planning. We will advise

each party to retain a copy of this filled form with contact information for emergency use during the period of your travel.