



# Bucksmore

SUMMER PROGRAMMES

## Letter of Consent to Travel Bucksmore Summer Programmes 2012

Location:

Student Name:

Date of Birth:

Arrival Date:

Departure Date:

Gender:

Student Passport Number:

Centre Address:

Departure Airport:

Arrival Airport:

The student will be met by a Bucksmore airport representative organised by the Bucksmore Centre Manager and his/her team.

Full Name of Parent/Guardian \_\_\_\_\_

Full Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number (including country code) \_\_\_\_\_

I authorise my child named above to enrol on the English Language summer programme with 'Bucksmore Summer Programmes' at the above centre. I have arranged for a representative from Bucksmore Summer Programmes with Bucksmore I.D to meet my child and transport him/her to the residential centre for the duration where he/she will stay for the duration of the course.

Parent/Guardian Name (In Block Capitals) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

In Case of queries on the day of travel please contact Bucksmore Summer Programmes:  
+44 (0) 208 312 8060 or (24hrs) +44 (0) 7818 430263