LETTER OF CONSENT TO TRAVEL

Bucksmore EDUCATION

BUCKSMORE CENTRE

STUDENT NAME

DATE OF BIRTH

PASSPORT NUMBER

GENDER ☐ MALE ☐ FEMALE

ARRIVAL DATE

DEPARTURE DATE

COURSE NAME

ARRIVAL AIRPORT

DEPARTURE AIRPORT

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

NAME OF PARENT/GUARDIAN

TELEPHONE NUMBER

FULL ADDRESS

My child (named above) is enrolled on a summer programme provided by Bucksmore Education at the above named residential centre. I have authorised Bucksmore Education to meet my child and transport him/her to the centre where he/she will stay for the duration of the programme. Bucksmore Education has appointed a representative (identification available) to meet my child at the airport.

SIGNATURE

DATE

In case of queries on the day of travel, please contact Bucksmore Education: +44 (0)7467249870