<u>Parental consent form to visit another city (not arranged by the school)</u> and to stay out overnight



Name of student: Date of Birth:
Name of Parent/Guardian giving consent:
1. Which city will he/she visit? Date(s) Date(s)
Who will accompany him/her?
2. If the student wishes to stay out overnight, what dates will he/she be away from the homestay:
from to
Where will the student be staying? Please provide an address:
Who will be responsible for the student while he/she is away?
24-hour contact details for the person responsible for the student:
24-hour contact details for the parent/guardian:
24-hour contact details for the student:
I confirm that I give my permission: Signed by: (parent/guardian)
Name (capital letters) COMMENTS: (to be completed by parent/guardian if you have any requirements, concerns or additional information)

THIS FORM MUST BE COMPLETED BY THE PARENT/GUARDIAN FOR THE STUDENT TO BE ALLOWED TO LEAVE THE HOMESTAY ACCOMMODATION OVERNIGHT OR TO VISIT ANOTHER CITY UNACCOMPANIED BY THE SCHOOL.

Official Use: confirmation that the arrangements are considered suitable by a member of ELC's Safeguarding Team