



STUDENT TRAVEL REQUEST FORM

To be completed at least five (5) working days prior to an anticipated trip away. Email to international@sd72.bc.ca
STUDENTS WHO LEAVE OUR SCHOOL DISTRICT WITHOUT ADVANCE PERMISSION COULD BE SUBJECT TO DISCIPLINE. LAST MINUTE REQUESTS MIGHT NOT BE APPROVED.

THIS PORTION TO BE COMPLETED BY STUDENT, PLEASE PRINT CLEARLY:

NAME: _____ DESTINATION: _____

DEPARTURE DATE: _____ RETURN DATE: _____

Visa or ESTA Required? (do you require a visa to travel?) _____

<https://esta.cbp.dhs.gov/esta/application.html?execution=elsl#>

Purpose (explain the reason or the trip – be specific):

Travel (details including how you will travel, time and date of bus or ferry etc. Attach copies of any tickets & itineraries)

Date & Time: _____

Transportation Means (Bus, Ferry, Plane): _____

Accommodation (details for where you will be staying and the adults (over 25) who will be responsible for you)

Name: _____

Address: _____

Phone Number: _____

- Student's responsibility to check with his/her Agent and acquire written approval if needed.
- Student's responsibility to check with his/her Natural Parents and acquire written approval.
- Student's responsibility to check with teachers and make up all missed schoolwork, if missing school

THIS PORTION TO BE COMPLETED BY HOST PARENT:

I have spoken on the phone to the adult (25 years or older) to confirm his/her supervision, the arranged travel and the accommodation as described above: Yes No

and I approve of this travel: Yes No

Host Parent Name _____ Host Parent (Signature) _____

OFFICE USE ONLY:

Date Received: _____ Approved: Yes No

Host Parent Notified on: _____ by Email Phone Initials _____