

Letter of Consent to Travel

Complete this form, sign it and give it to your child who should keep it with his/her passport.
Do NOT send this form to British Summer School.

Student Details

First name: _____ Date of Birth: _____

Gender: _____ Nationality: _____

Passport Number: _____

Course Details

Course Start Date: _____ Course Finish Date: _____

Centre Address:

British Summer School, Clayesmore School, Iwerne Minster, Blandford, Dorset DT11 8LL

Arrival Details

Arrival Date: _____ Arrival Airport: _____

Flight Number: _____ Arrival Time: _____

The student will be met by a member of the British Summer School Transfer Service Team. In case of any queries, please contact the British Summer School Head Office on 01444 444744.

Parent/Guardian Contact Details

Full name of Parent/Guardian : _____

Full address of Parent/Guardian: _____

Parent/Guardian Telephone number : _____

Parent/Guardian Passport Number: _____ Expiry Date: _____

Date of Issue: _____ Country of Issue: _____

Authorisation

I authorise my child to travel to the UK for the purpose of attending a full-time residential summer course with British Summer School. I authorise for my child to be met in the airport Arrivals Hall by a member of the British Summer School's Transfer Service Team who will transfer him/her to British Summer School.

Signed: _____ Date: _____