

LETTER OF CONSENT TO TRAVEL



BUCKSMORE LOCATION

.....

STUDENT NAME

.....

DATE OF BIRTH

.....

PASSPORT NUMBER

.....

GENDER

MALE

FEMALE

.....

ARRIVAL DATE

.....

DEPARTURE DATE

.....

SCHOOL 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.

NAME OF
PARENT/GUARDIAN

.....

TELEPHONE NUMBER

.....

FULL ADDRESS

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

SIGNATURE

DATE

In case of enquiries on the day of travel, please contact Bucksmore Education: +44 (0)208 312 8060