

## LETTER OF CONSENT TO TRAVEL

Please complete this form, sign it and give it to your child before travelling.

STUDENT DETAILS			
Full name:		Date of Birth:	
Gender:		Nationality:	
Passport/ ID Card Number:			

COURSE DETAILS			
Course Start Date:		Course End Date:	
Course Address:			
IMPACT Programmes, High Street, Tonbridge, UK, TN9 1JP			

ARRIVAL DETAILS			
Arrival Date:		Arrival Time:	
Arrival From:		Airport/ Station:	
Terminal:		Flight/ Train No:	

PARENT/ GUARDIAN DETAILS			
Full Name of Parent/ Guardian:			
Full Address of Parent / Guardian:			
Parent / Guardian Telephone Number:	+( )		
Parent / Guardian Passport Number:			
Date of Issue:		Expiry Date:	
Country of Issue:			

AUTHORISATION			
I consent for my child/ children to be handed over to/ collected by _____ in the Arrivals Hall.			
The Director of IMPACT Programmes or Administrator can be reached on site on _____			
Or - _____			
Print Name:		Date:	
Signature:			