



Central Okanagan International Education

School District No. 23 (Central Okanagan)
 1040 Hollywood Road
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 www.internationaleducation.ca

TRAVEL REQUEST FORM (Travelling with Supervision other than host family)

Date: _____

Student Name: _____ Host Family: _____

TRIP ITINERARY

DEPARTURE:

Date	Dep. Time	Destination	Travel Method

RETURN:

Date	Arr. Time	Destination	Travel Method

Supervising Adult: _____

Contact name, address and telephone number at destination:

Please describe the purpose of the trip and the planned activities:

To be completed by the Host Family if the Host Family is not providing supervision:

We have assured ourselves that the supervision is appropriate.

Signed: _____ Date: _____

This section must be completed by the natural parents:

We _____ are the natural parents of _____ and hereby give permission for this trip as outlined above. We are satisfied that our child will have appropriate supervision.

Signed: _____ Date: _____

Email address: _____ Home Phone _____

This form must be received one week prior to travel.
 Please submit to your Homestay Coordinator.

