



INTERNATIONAL STUDENT PROGRAM – HOMELAND PARENT TRAVEL CONSENT FORM

Hastings and Prince Edward District School Board

156 Ann Street, Belleville, Ontario, Canada K8N 1N9

Telephone: 1-613-966-1170 Fax: 1-613-966-1363

Email: cgoerke@hpedsb.on.ca

To Whom It May Concern:

We _____ are the parents of:

Student's full name: _____

Date of birth (DD/MM/YY): _____

Passport number: _____

Current homestay address: _____

Phone number: _____

_____ has our permission to travel by him/herself to visit

_____ from _____

until _____. During this period, _____

will be residing with _____

at the following address _____

Phone numbers: _____

Any questions regarding this consent letter please contact homeland parents at (address & phone number):

By signing this form, we declare that we are the legal parents of the child listed above and authorized to grant such permission. We declare that we take complete responsibility for the child's safety and well-being from the time he/she leaves his/her homestay until he/she returns. We understand the risks associated with our child travelling alone, particularly in large cities – traffic, getting lost, language difficulties, robbery etc. – and give our informed consent to the abovementioned travel.

Signature of parent: _____ Date: _____

Signature of parent: _____ Date: _____

Witnessed before me _____ (name) at _____ (city),

in the province/territory of _____, country of _____.

This _____ day of _____(month) _____ (year)

****PLEASE FAX (613-966-1363) OR EMAIL isp@hpedsb.on.ca COMPLETED FORM ONE WEEK PRIOR TO TRAVEL****