



Central Okanagan International Education

School District No. 23 (Central Okanagan)
 1040 Hollywood Road
 Kelowna BC Canada V1X 4N2
 Tel. 250-470-3258 Fax 250-870-5188
 www.internationaleducation.ca

TRAVEL REQUEST FORM *For travel outside Canada*

Date: _____

Student Name: _____ D.O.B. _____ Passport #: _____

Host Family: _____

TRIP ITINERARY

DEPARTURE:

Date	Dep. Time	Destination	Airline and Flight Number (include connecting flights)

RETURN:

Date	Arr. Time	Destination	Airline and Flight Number (include connecting flights)

Travelling with: _____

Please detail any overnight hotel arrangements:

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: _____ Airline and Flight Number (include connecting flights) Home Phone _____

This form must be received one week prior to travel.

Please submit to your Homestay Coordinator.

Immigration Letter required ____yes ____no Immigration Letter Issued: _____

