

# **TRAVEL REQUEST FORM**

# Complete this form when requesting to travel with an <u>adult supervisor (at least 25 years of age)</u> other than host parent, natural parent, or district staff.

This Travel Request Form must be submitted **<u>2 weeks</u>** before departure date.

It is highly recommended that transportation and accommodation is NOT booked until a decision regarding the travel request is made.

Today's Date:					
Student Name:		D.O.	В		
First	Last			dd/mm/yyyy	
Host Family Name:		Scho	ool:		
First	Last				
Travel with SUPERVISOR ( (Any travel with a superviso					
Departure Date:		Return Date:			
The student intends to travel:					
With Supervisor the entire trip	Alone (to	and from) but will meet t	he super	visor at the destination	
Information about the superviso Please note that the adult supervisor must		•	th.		
Supervisor Information					
Full Name of Supervisor		Supervi	sor Phon	e Number ( <i>on trip</i> )	
Relationship to student		Date of	Birth		
I understand that the above-listed supervis Okanagan International Education Program		gone the regular processe	es and che	ecks of the Central	
l give permission for my child to be superv Travel Request Form.	ised by the above-l	isted individual during the	e travel p	lans outlined on this	
Signature of Natural Parent:		Date:			
Printed Name:					
Approval of Travel Requests are	at the discretion	of Central Okanagan II	nternati	onal Program staff	
Describe the purpose or reason for the	ne trip and plann	ed activities			

#### Intended Travel Details

It is highly recommended that transportation and accommodation is NOT booked until a decision regarding the travel request is made.

#### **Intended Transportation Type** *Check all that apply.*

Aircraft	List details of flight on the next page.
Commercial Vehicle	Company details:
Private Vehicle	Vehicle owner:
Other	Details:

#### **Intended Flight Information**

**Note:** All flight information (airline names, flight numbers, departure times, etc.) including any connecting flights, will need to be provided once they are booked if approval is granted for the travel request.

#### *List the flight information for TRAVEL TO DESTINATION.* Departure time arriving: \_\_\_\_\_\_ on flight: \_\_\_\_\_\_ If the above flight does not take the student directly from Kelowna to the final travel destination, list ALL the connecting flights in the space below. Use only the spaces needed (i.e., not all spaces may be used depending on the travel itinerary). Flight 2 (connecting flight to destination) Departure city or airport to: on: Departure city or airport Arrival city or airport (FINAL destination) DD/MM/YYYY From: Departure time on flight: \_\_\_\_\_\_ Leaving at: \_\_\_\_\_ \_\_\_\_\_ arriving at: \_\_\_\_\_ Flight Number AI Arrival time *List ANY connecting flights for the RETURN trip in the space(s) below.* Flight 3 (connecting flight from trip destination) From: on: \_\_ \_\_\_ to: \_\_\_\_\_\_ Arrival city or airport FINAL Destination city or airport DD/MM/YYYY Departure time On flight: Airline Flight Number arriving at: \_ Leaving at: \_\_\_\_\_ Arrival time List the information for the (final) flight on which the student will RETURN TO KELOWNA. Departure from: to KELOWNA on: at:

City o	r airport			DD/MM/YYYY	Departure time
arrivii	ng:	on flight:			
	Arrival time		Airline	Flight Number	

### Intended Travel Details (cont.)

It is highly recommended that transportation and accommodation is NOT booked until a decision regarding the travel request is made.

D	ate	$\checkmark$	Туре	Details		
To:	From:		Private Residence	Name (if hotel):		
			Hotel	Address:		
			Other	Phone:		
Will the studer	nt narticinate in a	nv (	of the followin	g activities during the	trin? Check ANV that a	nnlu
		iiiy (		g activities during the	-	ppiy.
Aerial gym	nastics		Archery		Canoeing	
Fencing			Hot air ba	allooning (tethered)	Kayaking	
Rock/wall o	limbing		Rodeo		Scuba Diving	
Skiing			Snowboa	rding	Stage fighting	5
Swimming	(open water)		Trail (Hor	se) Riding	Tubing or tob	ogganing
Whitewate	r rafting		Zip lining			
The above activities	are listed as restricted	activ	ities in district Policy	y 525A. If the student is hopin	g to participate in these,	or other activities listed in
				al Education Program staff pr		
Note: Int	ernational students are	e not	permitted to drive a	any type of motorized vehicle	(car, motorcycle, boat, w	atercraft, etc.).
Any additiona	။ notes regardinန	g thi	s Travel Reque	est		
As the HOST PAR	RENT. Lacknowleda	ie thi	at I am aware of	<sup>f</sup> the requested travel pla	ins outlined on this T	ravel Request Form
	-		•	ion of the International E		ravel nequest i onni
	ost Parent:				Date:	
					Dute:	
Print	ed Name:					
				to participate in travel p		•
				rary, and I will ensure th	at my child has the n	ecessary Visa(s),
	it, and documenta					
I confirm that th	e adult supervisor v	will c	arrive at the dest	tination prior to my chila	's arrival.	
Signature of Na	itural Parent:				Date:	
Dr	inted Name:					
FOR OFFICE USE Request status	ONLY			Approved	Pending	Denied
Agent contacted				YES	NO	Benneu
School contacted				YES	NO	Not Applicable
Travel details con	nfirmed (all flights, a	ddres	sses, etc.)	YES		
Immigration Lett				YES	NO	
Immigration Lett	er issued			YES	Date issued:	
Input in Student	File in True North			YES	NO	
International Edu	ucation Program staf	f	Signature:		Date:	

## Intended Accommodation List accommodation for the trip.