

Parental Consent for Student Rooming

I, _____ give permission for my child, _____
PARENT/GUARDIAN FULL NAME MINOR'S FULL NAME

to share a room with _____ during the _____ tour
MINOR'S FULL NAME DESTINATION

under the supervision of _____ on an educational tour organized by **passports**.
GROUP LEADER'S FULL NAME

This educational tour will take place from _____ to _____
DEPARTURE DATE RETURN DATE

Parent/Guardian Signature _____

Print Name _____

Parent/Guardian Signature _____

Print Name _____

Date _____