

Date:		H/S Contacted:		Accounts Contacted:		Copy of Itinerary		
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Office Use

Telephone (07) 865 8557
 Facsimile (07) 865 8761
international@whangamata.school.nz

Whangamata Area School
 Principal
Mr Ross Preece
 PO Box 8,
 Whangamata 3643
 New Zealand



Parental Permission for Student Travel

The student applying for travel approval must complete this form and return it to the International Student Administrator.

Parent/Guardian

I, _____ am the parent/legal guardian

Of _____ Date of Birth _____

I hereby give permission for my son/daughter to undertake travel within New Zealand.

Name of Tour: (if applicable)		Company: (if applicable)	
Travel Dates:	Depart Homestay:	Return Homestay:	
Flights: (if applicable)	Depart:	Arrive:	
	Depart:	Arrive:	
Transport to/from Airport Who is taking you and picking you up? (if applicable)			

I understand that my son/daughter has planned this travel and that I will not hold Whangamata Area School liable for any loss or injury which may be sustained by him/her during this time.

In signing this document I acknowledge that I fully understand the above.

Signature of Parent/Guardian: _____ **Date:** ____/____/____

Student Declaration

I _____ (name of student) have provided the International Administrator, Whangamata Area School, and my homestay parents with a full itinerary of travel I intend to undergo. I understand that the school cannot be responsible for me during this time and will not be held responsible for any loss or injury I may sustain. I agree to adhere at all times to the rules and regulations of my visa and New Zealand law. I undertake to make contact with the school (International Administrator, Margaret Birkett, mobile 021 975 330, email: international@whangamata.schoolzone.net.nz) via phone, text or email and to inform them of any alteration to the planned itinerary.

Signed: _____ Date: ____/____/____