

For the attention of the UK immigration authorities Letter of consent to travel

Student / Child details

Student name:
Date of birth:
Age:
Gender:
Passport number:

School address & telephone numbers

The English Experience
8-10 Upper King Street,
Norwich, Norfolk, NR3 1HA
Telephone: 0044 1603 622300
Email: info@englishexp.co.uk
Emergency Contact
Mobile: +447775707951

Course & transfer details

Course dates: from 16/09/2018 to 23/09/2018

Course type: ENGLISH LANGUAGE COURSE

Arrival date: 16/09/2018

Departure date: 23/09/2018

Departure airport: MILAN MALPENSA T2

Arrival airport: LONDRA LUTON

Parental, legal guardian details

Full name:

Address:

Mobile telephone number (including area code):

Landline telephone number (including area code):

Passport number of parent or guardian:

Declaration & consent

I/we as the parent/s or guardian/s give consent for my child as named above to travel to NORWICH UK to attend a course at as THE ENGLISH EXPERIENCE per the dates above.

Name of parent or guardian:

Name of parent or guardian:

Signature of parent or guardian:

Signature of parent or guardian:

Date:

Date: