

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

BABEL ACADEMY OF ENGLISH
2nd FLOOR ASTON HALL 4-8 EDEN QUAY
DUBLIN 1 - IRELAND
Telephone: +353 1 5477665
Sito internet: <https://www.bableacademy.ie>

Course & transfer details

Course dates: From 20/07/2024 to 03/08/2024
Course type: JUNIOR SUMMER ENGLISH COURSE
Arrival date: 20/07/2024 Departure date: 03/08/2024
Departure airport: MILAN Arrival airport: DUBLIN

Parental, legal guardian details

Full name:
Address:
Mobile telephone number (including area code):
Landline telephone number (including area code):

Passport/I.D. 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 Dublin, Ireland, to attend a course at Babel Academy of English, Dublin, Ireland as 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:

Please enclose copy of passport/I.D