



STUDENT TRAVEL APPLICATION FAX TO: 250-592-6327
INTERNATIONAL STUDENT PROGRAM

To be completed by all International Program students at least two weeks prior to an anticipated trip away from Victoria.
STUDENTS WHO DO NOT RECEIVE ADVANCE PERMISSION AND WHO LEAVE THE CITY MAY BE SUBJECT TO DISCIPLINE INCLUDING DISMISSAL FROM THE PROGRAM.
Last minute requests will not be approved.

STUDENTS
If your travel plans involve missing a day of classes you will need to obtain special permission from your advisor at school.

Students will only be contacted if travel is not approved.

HOMESTAY PARENTS PLEASE NOTE:
If your student will travel *OUTSIDE OF THE COUNTRY we advise purchasing 'additional' Medical Insurance. Please contact the travel agent or you can also contact StudentGuard directly at 1-877-873-8447

PLEASE PRINT CLEARLY

THIS PORTION TO BE COMPLETED BY STUDENT:

STUDENT NAME SCHOOL NAME

DATE OF APPLICATION

DESTINATION (City/Country)

DATES OF REQUESTED TRIP: (Please enclose a copy of Travel Itinerary)

Leaving Victoria on date: Time:

Returning on: date: Time:

PURPOSE (Explain the reason for this trip. Be specific) Is this a school field trip? Yes No

Travel is by (check one)

- homestay car
bus
other
friend's car
airplane - flight no. (Attach Flight Itinerary - Printed Copy)

(explain)

ACCOMMODATION - While away

Hotel (name)

Family (name) Phone/cell ()

(address) City

Family (name) Phone ()

(address) City

THIS PORTION TO BE COMPLETED BY HOMESTAY PARENT:

- I have telephoned the above accommodation and confirmed adult (25yrs.or older) supervision: YES_NO (Phone call not required when student will travel to home country or with a parent)
My student will travel to their home country: YES_NO (Please provide flight itinerary)
My student will travel with their parents: YES_NO
I approve of this travel: YES_NO

This request Homestay parent (print name) Homestay Signature

Home Phone: Cell:

Email: Work Phone:

Additional Comments:

The information collected on this form is required and will be used solely for the purpose of operation of the International Student Program. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act. Any questions concerning the collection and use of this information may be directed to the Director, International Student Program.

Office use only:

Date:
M: /D: /Y:

Approved:
Yes No

Staff Initial: