**SECOND YEAR TRIP 2019**

**PARIS, FRANCE**

**Travel Form**

Name (**as per passport**)………………………………………….

Address:………………………………………………………………………..

………………………………………………………………………………….

Phone number of student……………………………………………………….

Parents/Guardians Name……………………………………………………….

Phone Number of Parent/Guardian……………………………………………..

Alternative contact number if Parent/Guardian is unavailable………………….

Any medical problems………………………………………………………….

Any special dietary needs………………………………………………………

Name of medications taken by student…………………………………………

Passport Number………………………….… Date of expiration………………

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I give permission for my son/daughter…………………………. to apply and if successful, travel on the Second Year trip to Paris, France. I have paid a deposit of €250 to Group Travel International, GTI on their website.

I also give permission for the leaders to act in *loco parentis* as per Old Bawn Community School Trip Policy.

**This deposit is non-refundable should your child receive a place on the trip.**

Signed:…………………………………………… Date:……………………..

**A copy of the student’s passport must be attached to this medical form**.