

Permission To Travel Checklist (Including Sleepovers)

Authorization to be away from Homestay and/or Manitoba while in the Custodianship of LRSD.

Travel Within Canada:

- Discuss the trip with your family and Homestay. Arrange travel during holidays/weekends. Confirm there's an adult (25 years +) at your destination who accepts responsibility for you.
- Complete the Permission To Travel Form and the Student Request for Leave from School Form below if you will miss school. Have your Biological Parent(s) sign them.
- Submit forms to the ISP Office GoGlobal@LRSD.net 2 weeks prior to travel (3 business days for sleepovers)
- Always keep your health insurance information with you.

Travel Outside of Canada (Including the USA):

• Complete all of the above <u>and</u> confirm you have the proper visa for entry to the designated country and reentry to Canada by contacting the ISP office before finalizing your plans.

Student Request for Leave from School

Name:	Grade:					
Date of Leave:	to Total # of School Days Missed:					
Reason for Leave:						
Course/Teacher	Teacher's Signature	Comments				
 My biological parent(s)/Legal 	. Guardian(s) and I accept the respons	ibility to ensure all work missed				
(assignments, tests, present	ations) is completed to a good standar	rd.				
We understand I need to mee	et with my teachers before I leave to es	stablish deadlines for missed work.				
We understand that missing potential loss of credit.	several classes within a semester may	/ impact my achievement, including				
We understand it is my respo	nsibility to obtain missed notes from a	a classmate. It is not the teacher's				
responsibility to ensure I hav	e all the information I will miss becaus	se of this leave.				
Student Name:	Signature:	Date:				
Bio Parent/Guardian Name:	Signature:	Date:				



Permission To Travel Form for Biological Parent/Legal Guardian

This form is required for:

- Any overnight travel/stay outside the Homestay.
- Any overnight travel/stay outside of Manitoba, including with the Homestay.

Student Name				
Nature of Activity	☐ School Trip			
	☐ Sleepover in the home of a family who is not an LRSD Homestay			
	☐ Independent Travel			
	☐ Travel with Homestay Family (outside of Manitoba)			
Destination				
Name & phone # of adult responsible for student while	Name:			
away	Phone #:			
Contact information of the	☐ Hotel	☐ Private Home		
location where student will be	Name:	Address:	Phone	e #:
staying				
Activity Dates	Departure:		Return:	
Method of Travel (include	☐ Automobile			
flight numbers)	☐ Airplane			
	Flight #:			
Authorization of Biological Pare	ent or Legal Gua	rdian		
give permission for the student	above to particip	ate in the independent a	ctivity as described. To	ogether with the studen

I give permission for the student above to participate in the independent activity as described. Together with the student, we waive, release, and absolve and agree to indemnify and save harmless LRSD and their respective directors, trustees, employees, representatives, agents, consultants, and independent service providers (including but not limited to any transportation service providers) from all liability for all actions, losses, damages, and expenses (including, without limitation, the loss, damage or theft of money or property), personal injuries or deaths, however caused). I understand students who stay overnight while participating in the Louis Riel School Division International Student Program's Homestay Program must provide written permission of their biological parents/legal guardians. Unauthorized travel by a student is not permitted.

Bio Parent/Guardian Name:	Signature:	Date:
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