

## **Student Travel Checklist**

Before you travel, please review this checklist to ensure your trip has no complications.

## **Trip Within Canada** ☐ Confirm that you have a responsible adult 25 years or older who will be responsible for you at your destination ☐ Talk with your family and your homestay family about the trip. ☐ Please arrange to travel during the school holidays. If you must miss school, please complete the Student Request for Leave from School form. ☐ Have your parents complete the Permission to Travel form. ☐ Return the Permission to Travel form. It is preferred that forms are submitted 2 weeks prior to travel. Forms can be returned to ISP staff in person, or they may be emailed to: internationalstudent@lrsd.net ☐ Ensure you have your health insurance information with you on your trip ☐ Have a great time! Travel Outside of Canada, Including the USA Please use the checklist above and: ☐ Confirm you have proper visa for entry to the designated country or USA and re-entry to Canada by contacting our office before finalizing your plans



Student Name

## Biological Parent/Legal Guardian Activity Authorization Form

**Please complete this form and submit at least 48 hours before departure.** All international students must have a responsible adult who is at least 25 years old who will be responsible for them at the destination. This Activity Authorization Form is required for:

- Any travel or activity without the Homestay Family or the school
- Any overnight travel or activity occurring outside of Manitoba
- Any activity requiring a financial contribution from the student

(including, without limitation. the understand students who wish t	ne loss, da to travel v	amage or theft of money or p while participating in the Lou	property), personal injuries or deaths, however caused. I uis Riel School Division International Student Program rdians. Unauthorized travel by a student is not permitted.		
activity and, together with the stheir respective directors, truste	the stude tudent, w ees, emplo	ent above to participate in th ve waive, release, and absolv oyees, representatives, agen	ne activity as stated above. I assume responsibility for such re and agree to indemnify and save harmless LRSD and ts, consultants, and independent service providers m all liability for all actions, losses, damages, and expenses		
(Include flight numbers)					
Activity Dates  Method of Travel	Departu	ure:	Return:		
			Phone:		
the location student will be staying		Private Home	Address:		
students travelling, if any Contact information for		Hotel	Name:		
Names of other LRSD					
number for adult responsible for student while travelling	Phone:				
Name and contact phone	Name:				
Destination		Other (please specify):			
		Travel with Homestay Fam	ly		
		Independent travel	Turning who is not an Endb Homestay Farming		
		☐ School Trip☐ Sleepover in the home of a family who is not an LRSD Homestay Family			



## **Student Request for Leave from School**

Name		Grade			
Dates of Leave	to	Tota	Total # of Days Missed		
Reason for Leave					
Course/Teacher	To	eacher's Signature	Comments		
<ul> <li>departure to inform the</li> <li>My biological parents are a negative impact on my</li> <li>My biological parents are classmate. It is not the temiss because of this leave</li> </ul>	sentations, etc ad I understan m of my upcon ad I understan a achievement ad I understan eacher's respo a	c.) is completed to a good that I will need to me ming absence and to es d that missing several call in these courses, included it is my responsibility onsibility to ensure I have			
Student's Signature			Date		
Biological Parent/Legal Guardi	an Name				
Biological Parent/Legal Guardi	an Signature:				

Administrator's Signature: