

### **Student Travel Checklist (Including Sleepovers)**

Authorization to be away from Homestay and/or Manitoba while in the Custodianship of the Louis Riel School Division.

Review this list to ensure your trip has no complications.

#### **Travel Within Canada:**

- Confirm there is an adult at your destination (25 years or older) who accepts responsibility for you.
- Discuss the trip with your family and Homestay family.
- Arrange travel during the school holidays and weekends. Students who miss school must complete the Student Request for Leave from School form.
- Ask Biological Parent(s) to complete the Independent Activity Authorization Form
- Submit the form to the ISP Office via email to [goglobal@lrsd.net](mailto:goglobal@lrsd.net) (2 weeks prior to travel preferred.)
- Always keep your health insurance information with you.
- Have a great time!

#### **Travel Outside of Canada (Including the USA):**

Please use the list above as well as:

- Confirm you have the proper visa for entry to the designated country or USA and re-entry to Canada by contacting the ISP office before finalizing your plans.

**Independent Activity Authorization Form for Biological Parent/Legal Guardian**

Please complete and submit this form at least 48 hours before the event. International students must identify a responsible adult, 25 years or older, who accepts responsibility for them at their destination.

This Activity Authorization Form is required for:

- Any overnight travel, stay or activity outside the Homestay.
- Any overnight travel or activity outside of Manitoba, including with the Homestay.
- Any activity requiring a financial contribution from the student.

Student Name	
Nature of Activity	<input type="checkbox"/> School Trip <input type="checkbox"/> Sleepover in the home of a family who is not an LRSD Homestay Family <input type="checkbox"/> Independent Travel <input type="checkbox"/> Travel with Homestay Family (outside of Manitoba) <input type="checkbox"/> Other (please specify):
Destination	
Name & phone # of adult responsible for student while away	Name: Phone #:
Names of other LRSD student participating (if any)	
Contact information of the location where student will be staying	<input type="checkbox"/> Hotel <input type="checkbox"/> Private Home Name:                                  Address:                                  Phone #:
Activity Dates	Departure:                                  Return:
Method of Travel (include flight numbers)	<input type="checkbox"/> Automobile <input type="checkbox"/> Airplane Flight #: <input type="checkbox"/> Other (please specify):

**Authorization of Biological Parent or Legal Guardian**

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.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received by (ISP Representative Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**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 responsibility to ensure that all work missed (assignments, tests, presentations, etc.) is completed to a good standard.
- We understand that I will need to meet with my teachers prior to my departure to inform them of my upcoming absence and to establish deadlines for missed work.
- We understand that missing several classes within a semester may have a negative impact on my achievement in these courses, including potential loss of credit.
- We understand it is my responsibility to obtain missed notes, etc. from a classmate. It is not the teacher's responsibility to ensure I have all the information that I will miss because of this leave.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Biological Parent/Legal Guardian Name:** \_\_\_\_\_

**Biological Parent/Legal Guardian Signature:** \_\_\_\_\_

**Administrator's Signature:** \_\_\_\_\_