



Parental Consent for Overnight Stay / Visit Another City For Under 18 Students

Please complete the following sections as appropriate:

Personal Information Of Student & Parent / Guardian

Student First Name:		Student Family Name:	
Date of Birth:			
Passport/ID card Number			
24 Hour Contact Details for Student:			
First Name of Parent / Guardian Giving Consent:		Family Name of Parent / Guardian:	
24 Hour Contact Details for Parent / Guardian:			

Overnight Stay / Visit Information

Date & time leaving Cardiff:	Date: dd/mm/yyyy Time: hh/mm	Date & time returning to Cardiff:	Date: dd/mm/yyyy Time: hh/mm
Where will the child visit and why:			
Address where the student will be staying while away:			

Personal Information Of Responsible Adult While Child Away

First Name of Responsible Adult:		Family Name of Responsible Adult:	
Address			
24 Hour Contact Number:			
Email Address:			

This form must be completed by the child's parent/guardian and the request authorised by CELT no later than 72 hours before travel for the student to be allowed to leave the homestay accommodation overnight or to visit another city unaccompanied by the school.

I confirm that I give my permission for my son/daughter named above to stay overnight / visit another city:

First Name of Parent / Guardian Giving Consent:		Family Name of Parent / Guardian:	
Date:			
Signature:			

For official use only: confirmation that the arrangements are considered suitable by a senior member of CELT's safeguarding team (Specialist Trained)

Name:	
Date (dd/mm/yyyy):	
Role (e.g. DSP):	
Notes:	
Signature:	