

PERMISSION TO TRAVEL

FOR

	(Student Name)		

Travel is permitted with host parents or on Rotary authorized functions with proper adult chaperones. All travel must be approved by the District Youth Exchange Officer (YEO) or Inbound Coordinator, the host club, the host family and, for extended or distant trips, the student's own parents in writing, exempting Rotary of responsibility and liability. Students may not travel alone or be accompanied only by other students unless being met on each end by Rotarians or their host families.

A complete itinerary should be given to the Youth Exchange Officer or Inbound Coordinator and to the Club Youth Exchange chair. District 5100 has an obligation to be able to reach any inbound student within 24 hours should the need arise. Use of this form is not required for weekend events sponsored or authorized by District 5100.

Complete all applicable sections

Host Family Name:				
Phone: ()	Email:			
Address:				
Street	City		State	Zip
Departure Date:		Return l	Oate:	
Will the student be missing school?	Yes	No	_ If yes, how many	days?
Purpose of Trip:				





Destination/Itinerary/Accommodations

Make and year of car: License plate# If traveling by plane, train, bus or other commercial carrier: Name of carrier: Flight or Route : If not traveling with host parents (i.e. Rotary approved trips, school trips): Name of Organization: Chaperone with whom student will travel: Address: Street City State Zip	Dates	Where staying? (Family, Hotel, etc.)	Address, including City/State	Phone # with a code	rea		
Name of adult driver(s) 21+ years of age:							
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If not traveling with host parents (i.e. Rotary approved trips, school trips): Name of Organization: Chaperone with whom student will travel: Address: Street City State Zip	If traveling by plane, train, bus or other commercial carrier:						
Name of Organization: Chaperone with whom student will travel: Address: Street City State Zip	Name of car	rier:	Flight or Route	:			
Chaperone with whom student will travel: Address: Street City State Zip	If <i>not</i> traveling with host parents (i.e. Rotary approved trips, school trips):						
Address:Street City State Zip	Name of Or	ganization:					
Street City State Zip	Chaperone v	with whom student wil	l travel:				
Street City State Zip	Address:						
Phone: () Email:			City	State Z	ip		
1 HOHO, (Phone: ()	Email:				





COMPLETE THIS SECTION IF YOUR STUDENT WILL BE TRAVELLING OUTSIDE THE UNITED STATES

If the student will be traveling outside the United States, a new DS 2019 will need to be issued; otherwise the student will not be readmitted to the U.S. To start the paperwork (30 days advance notice needed) for this process, please supply:

City, Country____

Purpose of Trip					
Where will student stay					
Who will be the 24 hou	r chaperone?				
Approved by:	Signature		Date		
Mother					
Father					
School authority's signature (if school will be missed):					
Host Mother					
Host Father					
Host Club YEO					
District Officer					

