CETUSA
Council for Educational Travel, USA
5300 Northland Dr. NE, Box 11
Grand Rapids, MI 49525
Phone: 888-238-8721
Fax: 616-365-9941
e-mail: peg@cetusa.org

TRAVEL RELEASE FORM

AYP OFFICE USE ONLY To: _____ Date: ___ /___ / ___

Please advise natural parents of student's travel and confirm natural parent(s) and/or legal guardian(s) permission and signature(s). Please return this form as soon as possible. Thank-you.

THIS FORM IS REQUIRED BY THE AYP OFFICE **2 WEEKS IN ADVANCE** OF ALL STUDENT TRAVEL FOR MORE THAN 2 NIGHTS.
IF REQUEST IS NOT TIMELY TRAVEL MAY BE DENIED.
PLEASE REFER TO THE TRAVEL POLICIES IN CETUSA HANDBOOKS FOR TRAVEL RULES.

Travel Plans for: _____ _____
Student's Name Student #

The student will be traveling to: _____

This trip is supervised by: _____

This trip will cost the student: $_____

Date(s) of travel: _____/_____/_____ through _____/_____/_____

Mode of transportation: ____ Car ____ Bus ____ Train ____ Plane

Student will stay with/at: _____

_____

Address: _____

_____

Phone #: ( ) _____ - _____

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TRAVEL LIABILITY RELEASE

I hereby request permission from my natural parents, the host family and CETUSA for the above travel. I hereby confirm that I fully understand that during the period mentioned, I am responsible for any and all expenses and travel arrangements. I hereby agree to indemnify and hold harmless the CETUSA Corporation, its officers and staff, all CETUSA representatives domestic and international, and the Host Family current and past.

Host Family Name: _____ Tel: ( ) _____ - _____

Address: _____State:_____ Zip:_____

Student's Signature: _____ Date: _____/_____/_____

Host Family Signature: _____ Date: _____/_____/_____

Natural Parent's Signature: _____ Date: _____/_____/_____

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SCHOOL APPROVAL

As the official of _____ High School, I hereby approve the above travel plans. I authorize the student's absence from school. (if applicable)

School Official's Signature: _____ Date: _____/_____/_____

Revised Oct 2004