

Sackville School French Interaction Trip 28th-30th March 2019

IMPORTANT PASSPORT INFORMATION

Please complete section 1, 2 or 3 and section 4 and return by 30th November to

Miss Stewart in B13

Name of student: _____ Tutor Group: _____

Date of birth: _____

Section 1 – Valid UK passport holder

Please confirm below that your son/daughter has a **valid UK passport**

Their name as it appears on the passport _____

Passport expiry date: _____

Passport number: _____

Section 2 – No passport currently held

I will apply for a passport for my son/daughter as they do not currently have one. _____ (please tick)

IF YOUR CHILD DOES NOT HAVE A PASSPORT WE RECOMMEND YOU APPLY TO THE PASSPORT OFFICE AT LEAST A MONTH BEFORE WE TRAVEL

Section 3 – Valid non-UK passport holder

Please confirm below that your son/daughter has a **valid non-UK passport**

Country of passport issue _____

Their name as it appears on the passport _____

Passport expiry date: _____

Passport number: _____

Please ensure that this passport allows travel to and from France. Should your son or daughter require a visa to visit France, it is your responsibility to obtain this.

Section 4 - EHIC card

My child has a valid European Health Card (EHIC) _____ (please tick)

Signed _____ Print Name: _____ Date _____
Parent/Carer