

Sackville School French Interaction Trip 28<sup>th</sup>-30<sup>th</sup> March 2019

IMPORTANT PASSPORT INFORMATION

Please complete section 1, 2 or 3 and section 4 and return by 30<sup>th</sup> 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