



## Travel permission

We, parents of student:

First names: \_\_\_\_\_

Last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Passp/Id nr: \_\_\_\_\_

give the school Van Maerlantlyceum Eindhoven permission to travel to any European destination with the teachers of this school. The travel period is in the beginning of March.

First names first caretaker: \_\_\_\_\_

Last name first caretaker: : \_\_\_\_\_

Signature first caretaker:

\_\_\_\_\_

First names second caretaker: \_\_\_\_\_

Last name second caretaker: \_\_\_\_\_

Signature second caretaker:

\_\_\_\_\_