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Date

## CONSENT TO TRAVEL ABROAD FORM The Advantage Program

To The Advantage Program Manager,

INFORMATION OF PARENTS/	GUARDIANS			
I / We,				
of				
Telephone				
Email				
am / are the parent/s, legal authority over the following c	guardians or other authorized perso hild:	n/s with custody righ	ts, access rights or parenta	
INFORMATION ABOUT THE T	RAVELLING CHILD			
Name:		Gender:		
Date and place of birth:		Place:		
Passport details:		Nationality:		
Validity:		Expiry date:		
INFORMATION ABOUT SCHO	OL			
Name:		Type:		
Address:				
Contact:		Position:		
Contact details:		Email:		
CONSENT				
I / We give consent for the ab	ove-named child to travel to China as	a part of The Advanta	ge Program:	
Parent/s or Guardian/s signature		School repr	School representative signature	
Parent/s or Guardian/s print name		School repre	School representative print name	

Date