

## Letter of consent to travel

I (name of the parent/guardian) \_\_\_\_\_,

give permission to my child (name of the child) \_\_\_\_\_

date of birth of the child \_\_\_\_\_

travelling from \_\_\_\_\_,

to travel to Cork, Ireland to undertake an English language course at

Cork English College

from \_\_\_\_\_ until \_\_\_\_\_

My child will be met and greeted at the airport by a representative of Cork English College.

Contact Number : 087-9102516 on (the date)

\_\_\_\_\_

The name of the parent/guardian \_\_\_\_\_

The address of the parent/guardian \_\_\_\_\_

\_\_\_\_\_

The telephone number of the parent/guardian \_\_\_\_\_

Signature of the parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

Alternatively, please call 021-4551522 between 8.30am and 5.00pm (Monday to Friday) or on 087-9102516 out of working hours.