



MINOR TRAVELING ALONE FORM

TO WHOM IT MAY CONCERN:

I/WE, _____
(FULL NAME(S) OF CUSTODIAL AND/OR NON-CUSTODIAL PARENT(S)/LEGAL GUARDIAN(S))

AM/ARE THE LAWFUL CUSTODIAL PARENT(S) AND/OR NON-CUSTODIAL PARENT(S) OR LEGAL GUARDIAN(S) OF:

CHILD'S FULL NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

PASSPORT NUMBER: _____

_____ HAS MY/OUR CONSENT TO TRAVEL FROM _____ ON FLIGHT # _____ TO _____
AIRPORT ON DATE: _____ ARRIVAL TIME: _____

_____ WILL BE MET AT THE AIRPORT BY AN ASSOCIATE OF THE WILBRAHAM & MONSON ACADEMY.

DURING THAT PERIOD OF DURING THE PERIOD OF _____, _____ WILL BE RESIDING
AT WILBRAHAM & MONSON ACADEMY, 423 MAIN STREET, WILBRAHAM, MA 01095

SIGNATURE: _____ DATE: _____
(CUSTODIAL PARENT AND/OR NON-CUSTODIAL PARENT OR LEGAL GUARDIAN)

FULL NAME: _____

SIGNATURE: _____ DATE: _____
(CUSTODIAL PARENT AND/OR NON-CUSTODIAL PARENT OR LEGAL GUARDIAN)

FULL NAME: _____

SIGNED BEFORE ME,
_____, (FULL NAME OF WITNESS)

THIS _____ AT _____
(DATE) AND (LOCATION)

SIGNATURE OF WITNESS: _____