



Parents Permission

Participant:

Name of participant: _____

Adress of participant: _____

Nationality of participant: _____

Pasport number of participant:

| | | | | | | | | | | | | | | | | | | | |
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Birthday of participant: _____

Parent with custody:

Name of parent: _____

Name of parent: _____

Adress of parent: _____

Adress of parent: _____

Nationalty of parent: _____

Nationalty of parent: _____

Telephone, parent:

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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Telephone, parent:

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As parent with custody I give my permission to **Ringkøbing-Skjern Ungdomsskole by John Jensen** to take my son/daughter on a trip to Great Britain, London from 13th of april 2019 to the 18th of april 2019 and if circumstances offer it, to act in the best welfare of my son/daughter.

Date

Parents signature

Date

Parents signature

Accompanying adults:

Name of accompanying adults: **John Jensen**

Adress of accompanying adults: **Vestergade 32, 6971 Spjald Denmark**

Nationality: **Danish**

Telephone: **+45 4028 6052**

Realtion til participant: **Teacher**

Pasport of accompanying adults:

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 6 | 1 | 0 | 3 | 6 | 3 | 0 |
|---|---|---|---|---|---|---|---|---|

Name of accompanying adults: **Rasmus Vendelbo Christensen**

Adress of accompanying adults: **Søndergade 57, 6920 Videbæk Denmark**

Nationality: **Danish**

Telephone: **+45 2624 2194**

Realtion til participant: **Teacher**

Pasport of accompanying adults:

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 2 | 0 | 4 | 2 | 7 | 5 | 8 | 0 | 8 |
|---|---|---|---|---|---|---|---|---|

Name of accompanying adults: **Liselotte Jonassen**

Adress of accompanying adults: **Nørregade 4, 6920 Videbæk Denmark**

Nationality: **Danish**

Telephone: **+45 2993 6910**

Realtion til participant: **Teacher**

Pasport of accompanying adults:

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 2 | 1 | 0 | 3 | 6 | 4 | 0 | 5 | 1 |
|---|---|---|---|---|---|---|---|---|