

CONSENT FORM

6 DAY TRIP TO NEW YORK, U.S.A.

October HALF-TERM 2020

Please complete and return to Mrs Gibson - Finance Office

Student's Name:		Tutor Group:	
Date of Birth:			
Home Address			
Postcode:		Home telephone number	

I would like my child to be considered for a place on the trip to New York. I have read the payment details for the visit and the insurance details and agree to abide by the payment dates as set out in the schedule.

1. The first three payments are non-refundable except in very special circumstances. This applies once your son/daughter has been accepted on the trip.
2. Deposits must be made by the specified dates. Your son/daughter will be given a payment card, which must be brought in each time a payment is made.
3. A copy of the insurance policy summary will be issued once a place has been allocated on the trip, please make sure it covers the level of insurance that you are happy with.
4. Should you need to cancel your child's place on the visit on medical grounds, supported by a medical certificate, payments are refundable through the insurance policy. If you need to cancel for any reason not covered by the insurance, then the charges are as follows: -
 - After payment of first deposit and up until second deposit due = Loss of first deposit
 - After payment of second deposit and up until the third deposit is due = Loss of £400
 - After third deposit paid i.e. after 19th Sept 2019 and up to 10 weeks before departure = Loss of 50% of total cost of trip
 - Between 2 and 10 weeks before departure = Loss of 75% of total cost of trip
 - With 2 weeks of departure = Loss of total cost of trip

Parents and students must accept that there will be an agreed behaviour contract while on the trip. If your child breaks this contract, then he/she will be taken to the airport and put on the next flight home as an unaccompanied minor and it will be the parent's/carers responsibility to pay the costs involved.

I enclose a deposit of £200 with cheques made payment to Budmouth College in an envelope with my child's name & Tutor Group clearly marked.

Signed Parent/Carer: _____

Date: _____