

INDEPENDENT TRAVEL

Sojourns Abroad
PO Box 1171
Manchester, VT 05254 USA
Tel./Fax. 802.362.5855
info@sojournsabroad.org • www.sojournsabroad.org



Participant and parent or guardian must complete this form.

Participant's Name _____

Siena Paris

Fall Spring Summer 20__

Independent travel beyond the site city is at the discretion of parents if the participant is under 21 years of age. For such participants, independent travel without permission of parents/guardians will be considered unsanctioned and may jeopardize continuation of the program.

Note: Sojourns Abroad language classes meet Monday through Friday mornings and are small and personal. Making progress in the acquisition of language requires attendance. Independent travel that results in missed language classes may necessitate a participant's taking private language instruction at the student's own expense or may result in being dropped to a lower class and waiting, possibly a few weeks, until another class on that level is available.

If you will not agree to permit independent travel, please check here, sign, and return this form.

If you will permit independent travel, check here and write a statement to that effect, including any limitations. Sign below and return this form.

Parent/Legal Guardian _____ Date _____

I have read, understand and agree to the choice made by my parent/s/guardian/s above.

Participant _____ Date _____