



École secondaire LESTER B. PEARSON High School

11575 rue P.M. Favier, Montréal (Québec) H1G 6E5

TEL: (514) 328-4442 FAX: (514) 328-4443

Parental Approval Form Permission to Leave the Country

Activity: Greece - Italy Trip

Date: April 8 to 19, 2019

Your child has been selected to participate in this year's trip to Greece - Italy. As we will be travelling to foreign countries (Greece and Italy), we are required to have your permission to travel with your child outside of Canada. Filling in the information below will give us the permission required by the Greek, Italian, and Canadian Customs.

I _____, being Legal Guardian of
(Name of Legal Guardian)

_____ give permission to Lester B. Pearson
(Name of Child)

High School and the supervisors of this activity to travel to Greece and Italy with my child on April 8 to 19, 2019.

Signature of Legal Guardian

Date

Signature of Commissioner of Oaths

Date



Commission scolaire English-Montréal
English Montreal School Board