



National
Institute for
Educational
Planning

COLLEGE PREVIEW

PARENT PERMISSION FORM

Please fill this form out completely. Health insurance is required even if already included on the NIEP College Preview registration contract. This form must be completed and returned to NIEP College Preview for participation on our college tour program.

Participant's Name _____

Date of Birth: _____ Age: _____

Health Insurance Co. _____

Policy # _____

Parent/Guardian's Name _____

Spouse Name _____

Day Phone _____

Work Phone _____

Check **ONE** of the following, which applies for this participant:

(A) ___ My child has permission to leave the group to be with friends when the group has free time. They are to follow the instructions of the chaperons and tour leaders and abide by rules and regulations of the NIEP College Preview trip.

(B) ___ All of the above in choice (A), but for _____ (student's name), I have also made additional arrangements for him/her to visit with friends or relatives while on the trip. Please be advised that my child has permission to visit with these friends/relatives, but will have full supervision otherwise. The names of these friends and/or relatives and their phone numbers, complete addresses, visit times, etc. are listed below.

(C) ___ At no time should my child be away from the group. Please supervise at all times.

PLEASE NOTE: Typically, all parents permit some flexibility for their children to be off on their own with friends from the tour group. Checking this option requires 24 hour, complete supervision. On occasion, this option will require that our child be the only group member under NIEP College Preview supervision while other students spend free time on their own. ***NIEP College Preview STRONGLY discourages parents/guardians from selecting this option.***

If your child has alternate travel arrangements, please detail the information in the space below. Please include dates, times, flight numbers, and how your child will meet with the main group.

I agree to the NIEP College Preview Visitation Guidelines and agree that my child will abide by them. I also agree to the above checked option regarding supervision requirements for my child.

Parent or Guardian Signature

Date