

Parent Permission Form Weekend Check-Out

With my below signature, I hereby give my full consent to allow my son/daughter to be released from the legal care and responsibility of the American International School-Salzburg for the requested period of time and into the care of the individual listed below. I understand that the responsible adult named below will have full legal responsibility for the actions, health, and well-being of my son/daughter from the time he/she leaves the school until he/she is returned to the American International School-Salzburg.

Furthermore, I am in full agreement with the school's entire check-out policy and agree to work alongside the school's administration to ensure that the student departs and returns at times conducive to both the student's academic expectations and the school's boarding expectations. This typically requires: proof of travel (when applicable), departure from the school after 14:45 on Friday, and the student's return to AIS-Salzburg by 18:00 Sunday evening.

(Printed Student Name)

(Printed Name of Individual Assuming Responsibility)

Departure Transportation:

(Date)

(Departure Time)

(Salzburg Flight/Train number)

Arrival Transportation:

(Date)

(Departure Time)

(Salzburg Flight/Train number)

Address of Student While Checked-Out:

Signature and Date of Individual Assuming Responsibility

Date

Signature and Date of Parent

Date

Completed forms should be sent to Ms Cassandra Baehler, Dean of Students

Email: cbaehler@ais-salzburg.at

Fax: +43 662 8245 55