


**APPLICATION FORM**

Time in: \_\_\_\_\_

 Traveling Alone

 1 year validity

Time out: \_\_\_\_\_

 With Companion

 2 years validity

**I. Minor/s Profile:**

Name	Age	Sex	Birth Status	Date of Birth	Place of Birth	Status of Application

Minor/s' Address: \_\_\_\_\_

*If issued with Certificate of Finality of Adoption or under Legal Guardianship, please indicate Special Proceeding No: \_\_\_\_\_*
*If under Foster Care Placement, please Indicate the Foster Care License and validity period:*

\_\_\_\_\_

**II. Parents:**

Father: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_ ID no: \_\_\_\_\_

Address: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Mother: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_ ID no: \_\_\_\_\_

Address: \_\_\_\_\_ Contact No.: \_\_\_\_\_

**III. TRAVELING COMPANION (not applicable to Minors Traveling Alone):**

Name of Traveling Companion: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Name of Sponsor: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to minor: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

**IV. DESTINATION:**

Destination: \_\_\_\_\_ Length of Travel (Inclusive Dates): \_\_\_\_\_

Reason for Travel Abroad (Reason/s for bringing the minor):

\_\_\_\_\_

\_\_\_\_\_

Reasons why parents or legal guardian cannot accompany minor:

\_\_\_\_\_

\_\_\_\_\_

Place where the minor intends to stay during his/her travel and with whom (*please indicate names, complete address and phone numbers*):

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the information given above are true and correct. I further understand that any misrepresentation that I may have will subject me to criminal and civil action provided under existing laws.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature Over Printed Name

\_\_\_\_\_

Relationship to Minor & Contact No.

Note to Applicant:

This Form with multiple entries should only be used for siblings with the same set of parents. Please fill up a separate application form for minors with a different set of parents.

\_\_\_\_\_

**This portion is to be filled up by the Social Worker**

Remarks to Applicable Documents

- ( ) Travel Clearance for Minors Traveling Abroad
- ( ) Certificate of Exemption

Date Reviewed: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Designation: \_\_\_\_\_