

**COMMISSIONER OF CORRECTIONS
5-7 KING STREET
KINGSTON**

RE: TOUR OF CORRECTIONAL FACILITIES - _____
Name of Institution

The _____ seeks permission to take a
Name of School/College
group of boys/girls aged _____ to _____ on an educational tour of _____
Correctional Centre on _____ at _____ a.m/p.m.
Day Month Year

The _____ has sought and obtained
Name of School/College
permission from parents/guardians of each student for them to participate in the tour.

The _____ hereby indemnifies the
Name of School/College
Department of Correctional Services/Ministry of National Security against any
liability for injury to or loss of life or for any damage to or loss of personal property
associated with this tour however caused.

The Coordinator of the group is _____ mobile no. _____
and the accompanying teachers are _____
_____.

Yours truly,

Signature.....
Principal

Signature.....
Guidance Counsellor

Important Information

- **The minimum age of the members of the group must be 15 years for Adult Institutions and 12 years for Juvenile Institutions.**
- **Visits are facilitated on Mondays, Tuesdays and Thursdays from 10:00 a.m to 12 noon. Please attach a list of students, stating name, home address and age.**
- **A police record no older than 3 months for each student is required.**
- **Letter *must* be prepared on the school's letterhead.**