

Nacel Open Door IPSP Independent Travel Proposal Form

Date of proposal: _____ Date received (for office use): _____

Student name: _____ Student tel. # _____

Student home country: _____ Student Email: _____

Host family name: _____ Host family Email: _____

Nacel Local Representative: _____

Purpose of trip: _____

Dates of trip: _____ to _____

How will you be traveling?: _____

How will you get to the airport? _____

If traveling by car, who will be driving? How old is this person? _____

What is the name, address, and phone number of the adult with whom you will be staying?

Name: _____

Address: _____

Phone: _____ Email: _____

(The person above must complete the **Receiving Family Acceptance Form** and return it to the address at the bottom of the page prior to travel proposal acceptance.)

How do you know this person? _____

Emergency contact (name, address, and phone) _____

Will you be missing school? Yes No (circle one)

IF YOU WILL MISS SCHOOL: I have spoken to _____ at my school and have been given permission to be away from school. He /She can be reached at the following phone number: _____.

Host Family Permission

I _____ (host family name) for _____ (student name) have been consulted with and agree to the independent travel that he/she proposes above. I (we) understand that this travel is independent from the IPSP program and that during his/her time away, our student will be responsible for him/herself. I (we) will be happy to welcome this student back into my/our home when he/she returns from this experience.

Host Father's Signature _____ Date: _____

Host Mother's Signature _____ Date: _____

Fax completed form to: **IPSP Department at (651) 846-4608**
This proposal can also be found at www.nacelopendoor.org/IPSP
INCOMPLETE FORMS WILL DELAY TRAVEL APPROVAL!

RECEIVING FAMILY ACCEPTANCE FORM
for
IPSP INDEPENDENT STUDENT TRAVEL

I, _____, accept full legal responsibility for _____ while he/she is visiting with me from _____ (arrival date) to _____ (departure date).

Please initial that you agree with the following statements:

- I confirm that I have the Nacel Open Door office emergency number (**800-622-3553**).
- I confirm that the student will bring his/her medical insurance information with them.
- I will contact Nacel Open Door should the student become ill or injured.
- I confirm that the student will remain under my care and supervision during the travel dates specified above.
- I will immediately contact Nacel Open Door at the number above if there are any changes in the student's travel plans.

(Please print)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

Please fax completed form to: **IPSP Department (651) 846-4608**

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