

Nacel Open Door
380 Jackson Street, Ste. 200 St. Paul, MN 55101
Phone: 800-622-3553 Fax: 651-686-9601

Independent Party Receiving Acceptance Form For Independent Student Travel

This form must be submitted for all overnight student travel with a third party. It is the student's responsibility to ensure that this form is submitted at least two weeks prior to the travel date. It is the student's responsibility to provide the independent party with whom the student is traveling with all documents mentioned below.

I, _____, promise to ensure the safety and well-being of _____
(name) (student name)

while she/he travels or stays with me from _____ to _____. I will follow all state and federal laws,
(dates of travel)

as well as the rules that govern Nacel Open Door's program while the student remains in my care.

Please initial to show that you agree with the following statements

I confirm that I have the Nacel Open Door office and emergency telephone number. ____

I confirm that I have a copy of the Nacel Open Door program rules and insurance information. ____

I will keep in contact with the natural family and Nacel Open Door in case of any change in plans while the student is under my responsibility. ____

I have a copy of the Student's agreement and medical release with Nacel Open Door. ____

I am aware that the student is traveling in the United States with a J-1 visa. There are restrictions placed on students holding a J-1 visa, and before I take any action that may jeopardize the student's Visa Status, I will consult with US Homeland Security. ____

I confirm that I have read the student Travel Proposal and will uphold all aspects of the proposal. ____

I will contact Nacel Open Door should the student become ill. ____

Nacel Open Door reserves the right to reject any travel proposal.

Print Name: _____

Address: _____ State: _____ Zip: _____

Phone: _____

Date: _____

Signature: _____

