



# INDEPENDENT PARTY RECEIVING FORM

## PRIVATE SCHOOL PROGRAM

**This form must be submitted for all overnight student travel with a third party.**

It is the responsibility of the student to send this form to the third party to complete. This form must be submitted one week prior to domestic departure, and two to four weeks prior to international departure. Edited or incomplete forms will be considered invalid.

### STUDENT INFORMATION

|                                                           |                                                      |
|-----------------------------------------------------------|------------------------------------------------------|
| Student's Legal First Name (no nicknames please)          | Student's Last / Family Name                         |
| Student's Home Country                                    | Student's Travel Destination (city, state)           |
| Date of Departure from Host Family Community (mm/dd/yyyy) | Date of Return to Host Family Community (mm/dd/yyyy) |

### INDEPENDENT PARTY RECEIVING AGREEMENT

*Please read the following statements, then initial in the box to indicate that you understand each statement.*

- ☐ I confirm that I am at least 25 years old and that **I've attached a copy of my ID for proof of age.**
- ☐ I confirm that I have Nacel Open Door's 24/7 phone number and will contact the national office (800-622-3553) in the event of an emergency (illness, injury, etc.) relating to the student in my charge.
- ☐ I will immediately contact the Nacel Open Door Travel Department if there are any changes in the student's travel plans. Call 800-622-3553, ext. 642 (daytime phone number) or 1-800-622-3553 (after-hours phone number).
- ☐ I am aware that the student is staying in the United States on a F-1 visa. I understand that additional documents are required by U.S. Customs and Border Protection in order for the student to re-enter the United States if they leave the country. I will consult with Nacel Open Door before traveling outside of the United States with the student in my charge.
- ☐ I confirm that I have read through the insurance information listed below and will utilize the information should it become necessary:
- Insurance company name: Mutuaide Insurance
  - Group policy number: 3924 (students do not have an individual policy number)
  - Phone number: 800-622-3553 (option 1)
  - The student is covered only for an accident or emergency illness/injury. The policy does not include preexisting conditions

I will ensure that the student in my charge follows all United States government laws and regulations, along with the Nacel Open Door program rules listed below:

- Students are not allowed to operate a motorized vehicle or weapons of any kind
- Students are not permitted to make any life-changing decisions, including but not limited to marriage, conversion, or any other decision with legal, political, or social ramifications
- Drinking of alcoholic beverages or use of illegal drugs of any kind is not permitted for students

*The proposed travel plans outlined in this form are not approved until the student receives written approval from the national office.*

### INDEPENDENT PARTY INFORMATION

|                        |                                                |                    |                   |     |
|------------------------|------------------------------------------------|--------------------|-------------------|-----|
| Age                    | Printed Legal First Name (no nicknames please) | Last / Family Name | Telephone Number  |     |
| Address of Destination |                                                | City               | State             | Zip |
| E-mail Address         |                                                | Signature          | Date (mm/dd/yyyy) |     |

Please fax completed form to 651-286-0542 or email to [travel@nacelopendoor.org](mailto:travel@nacelopendoor.org)