

TRAVEL PROPOSAL & HOST FAMILY PERMISSION FORM PRIVATE SCHOOL PROGRAM

Submit this form at least one week prior to domestic departure, and at least two weeks prior to international departure. When traveling outside the U.S., make sure to bring your I-20 with you. *Edited or incomplete forms will be considered invalid*.

STUDENT INFORMATION						
Student's Legal First Name (No Nicknames)		Student's Last / Family Name				
Student's Home Country		Host Family Name				
Student's E-mail Address		Local Representative				
TRIP INFORMATION						
Student's Travel Destination (City, State, and/or Country)			Purpose of Trip			
Date of Departure from Host Family Community (mm/dd/yyyy)			Date of Return to Host Family Community (mm/dd/yyyy)			
WHO WILL YOU TRAVEL WITH						
First Name	Last Name				Age	
Relationship to Student	Address				I	
City	State			Zip Code		
Phone Number	E-mail Address					
SCHOOL APPROVAL (section must be completed even if not m	nissing s	chool)				
	Last Name		School	School		
E-mail Address	Phone Number		Your Title	Your Title		
Number of days student will be absent from school, if any	Signature					
Do you approve of the student's trip outlined above? (check one) Additional Comments:	NO)				
*By signing below, you acknowledge that you have read this for responsible for themselves during their time away. Upon comp				_		
residence.	יופנוטוו ט	j trie stude	ent's trip, they will return	to their nost juini	iy s	
HOST FAMILY ACKNOWLEDGEMENT*						
Host Parent Signature			Date			