

2023 Service Trip Returning Student Application

Application Checklist

Please include the following in your application:

- 1) Application form
- 2) Copy of Passport
- 3) Copy of COVID Vaccination card
- 4) Parent medical history (completed by parent)
- 5) Credit card information (completed by parent)
- 6) \$750 deposit (to be applied to total fundraising fee)
- 7) **ESSAY**: In 250-300 words please state why you want to participate in a Student Service Trip. Please attach or email to the address below after submitting completed application.

All materials should be sent to danielle.adams@schooltheworld.org or mailed to:

School the World
Attn: Danielle Adams
109 State Street Suite 403 Boston, MA 02109



2023 Service Trip Returning Student Application

Date//					
Name:					
(as it appears on passport)	FIRST	MIDDLE		LAST	
Birthdate://	Gender: M F Other	Pronouns: she/her	he/him t	they/them Oth	ıer
Home Address:					
	#	STREET			
CITY		STATE	ZIP		
Best Number (student's cell រុ	phone):				
Email Address:					
*Note: Email is the preferred via email. Please inform STV	•	•		•	ent
School:					
Current Grade:	Unisex T-shirt Size	e: S M L XL			
Preferred Trip (circle): <i>Febru</i>	ary 19-26 (Panama) <i>Mar</i> a	ch 18-25 (Panama) <i>A</i>	April 15-22	(Guatemala)	
Are you fully vaccinated agai	nst COVID-19 ? Yes	No			
Referred by (<i>if applicable</i>): _					
Promo Code (<i>if applicable</i>): _					
Instagram Handle					



PRIMARY Legal Guardian:			
	FIRST	LAST	
Home Address:			
	#	STREET	
CITY		STATE	ZIP
Relationship:			
Home Phone:	Cell Phone:		
Profession:	Employer:		_
Email Address:			_
SECONDARY Legal Guardian: _			
	FIRST	LAST	
Home Address:			
	#	STREET	
CITY		STATE	ZIP
Relationship:			
Home Phone:	Cell Phone:		
Profession:	Employer:		
Email Address:			



PARTICIPANT MEDICAL HISTORY (to be completed by a parent/guardian)

It is imperative for the health and welfare of your child that School The World is apprised of his/her complete and accurate medical information, including mental or emotional issues. The following medical information may be necessary in the event of illness or injury. This information will be kept confidential and only used to respond to an illness or injury. Failure to disclose accurate and complete information could compound the seriousness of an illness or injury and may result in the dismissal of your child from the program.

program. I read and understand the above and agree to disclose any a World.	and all medical information to School The
Parent/guardian:	
SIGNATURE	DATE
Please circle the appropriate response to the questions below	v:
Medications: Does your child take or has your child ever take treatment for chronic illness, mental health conditions? YES NO	n and medications on a regular basis, including
If yes, please list all medications and time period/reason for t	taking.



Allergies: Does your child have any allergies to medications, food, environmental or other? YES NO				
If yes, please list all allergies.				
Diet: [Does your child adhere to a specific diet for health, religious or moral reasons? NO			
If yes,	please list dietary restrictions.			



Physical Health: Does your child suffer from any medical conditions that could affect his/her participation in a STW Service Trip?

YES NO If yes, please list any health conditions. Please note anything else you would like to make School the World regarding your child's physical or mental health. PARTICIPANT DISCIPLINARY HISTORY: Please disclose all disciplinary history. Disciplinary history will not automatically exclude anyone from being considered for a STW service trip. I agree to disclose any and all disciplinary information to **School the World.** Participant:_____

Parent/guardian:_____



CREDIT CARD INFORMATION

Parent/guardians are responsible for any deficit in student fundraising to complete the total fundraising goal of \$3,750. Exact fundraising deadlines will be communicated via email and at pre-trip meetings. The card on file will be used to bring the student's account up to balance, minus the amount they have fundraised. You will always receive advance written notice at least 10 days prior to the charge. Additionally, STW has the discretion to send the participant home from the trip with a chaperone due to violation of the Participant Code of Conduct at the parent's expense. This card will not be charged without notification, but is required to be on file.

Participant Name:			
American Express Visa Mast	erCard		
Expiration Date: (MM/YY)/			
Account Number:			
Name on Card:			_
Address:			_
City:	State:	Zip Code:	_
Phone:	E-Mail:		_
X			
Signature of Card Holder		Date	
A non-refundable deposit is due with	h this application	. Checks are preferred.	
Please indicate below if you are send provided to be charged.	ding a check alon	g with application or if you war	nt the credit card
I am taking advantage of the Alum or being mailed to STW offices.	ni Early Bird Discou	unt and a check for \$500 is include	d with this application
I am taking advantage of the Alum	ni Early Bird Discou	unt - please charge the credit card	on file \$500.
A check for \$750 is included with t	his application or b	peing mailed to STW offices.	
Please charge the credit card on fil	e \$750.		
We have reviewed and agreed to	o the refund polic	y as listed on STW's website.	

Please see School the World's refund policy applicable to additional payments: https://info.schooltheworld.org/hubfs/RefundPolicy 2021.pdf