



Global Citizenship Program Application

Date ___/___/___

Name: _____

(as it appears on passport)

FIRST

MIDDLE

LAST

Birthdate: ___/___/___

Gender: M F

Home Address: _____

#

STREET

CITY

STATE

ZIP

Best Number (student's cell phone): _____

Email Address: _____

****Note: Email is the preferred contact method for STW. Important and time-sensitive information is sent via email. Please inform STW if child or parent does not check email on a regular basis.***

School: _____

Current Grade: _____ Unisex T-shirt Size: S M L XL

Preferred Trip (circle): 2020: **July 12-20** **July 22-30**

2021: **February 13-20** **March 13-20** **April 17-24**

Referred by (if applicable): _____

Promo Code (if applicable): _____

Instagram Handle: _____

PLEASE SUBMIT A COPY OF YOUR PASSPORT WITH APPLICATION (unless discussed w/ Sarah).

ESSAY: In 250-300 words please state why you want to participate in a Student Service Trip. Please attach or email to sarah.pease@schooltheworld.org after submitting completed application.



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.

I read and understand the above and agree to disclose any and all medical information to School The World.

Parent/guardian: _____
SIGNATURE DATE

Please circle the appropriate response to the questions below:

Medications: Does your child take or has your child ever taken and medications on a regular basis, including treatment for chronic illness, mental health conditions?

YES NO

If yes, please list all medications and time period/reason for 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?

YES 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 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 \$3,650. 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 ___ MasterCard ___

Expiration Date: (MM/YY) ____/____ CSC: _____

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 this application. Checks are preferred.

Please indicate below if you are sending check along with application or if you want the credit card provided to be charged.

___ A check for \$750 is included with this application or being mailed to STW offices.

___ Please charge the credit card on file \$750.

Please see School the World's refund policy applicable to additional payments:
http://schooltheworld.org/pdfs/RefundPolicy_2016.pdf

___ We have reviewed and agreed to the refund policy as listed on STW's website.

Application should be sent to School the World at 376 Boylston Street Suite 203, Boston MA 02116 or sarah.pease@schooltheworld.org