

2024 Service Trip Student Application

Application Checklist

Please include the following in your application:

- 1) Application form
- 2) Copy of Passport
- 3) Parent medical history (completed by parent)
- 4) Credit card information (completed by parent)
- 5) \$750 deposit (to be applied to total fundraising fee)
- 6) **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 meg.gilman@schooltheworld.org or mailed to:

School the World
Attn: Megan Gilman
109 State Street Suite 403 Boston, MA 02109



2024 Service Trip Student Application

Date//					
Name:					
(as it appears on passport)	FIRST	MIDDLE		LAST	
Birthdate:/	Gender: M F Other	Pronouns: she/her	he/him	they/them	Other
Home Address:					
	#	STREET			
CITY		STATE	ZIP		
Best Number (student's cell p	hone):				
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): February 18-25 (Panama) March 16-23 (Panama) April 13-20 (Panama) July 15-22 (Guatemala) July 29-August 5 (Honduras)					
Referred by (if applicable):					
Promo Code (if applicable): _					
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.

I read and understa World.	nd the above and agree to disclose any an	nd all medical information to School The
Parent/guardian:		
	SIGNATURE	DATE
Please circle the app	propriate response to the questions below:	
•	our child take or has your child ever taken ic illness, mental health conditions?	and medications on a regular basis, including
If yes, please list all	medications and time period/reason for ta	king.



Allergies: Does your child have any allergies to medications, food, environmental or other?



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:

CREDIT CARD INFORMATION

Parent/guardian:_____



Parents/guardians are responsible for any deficit in student fundraising to complete the total fundraising goal of \$3,950. 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've 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 N	lasterCard		
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 are sending a check along with the	• •	•	-
PROMO CODE:			
I am using a promotional code.	A check for the discou	nted deposit is included o	or being mailed to STW offices.
I am using a promotional code,	and please charge the	credit card on file for the	discounted deposit.
A check for \$750 is included wi	th this application or b	eing mailed to STW office	s.
Please charge the credit card o	n file for \$750.		
We have reviewed and agree	d to the refund policy	as listed on STW's webs	ite.

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

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