Student Information and Agreement



irst Name:		Last Name:
Gender: Male	Female Nonbinary (Country of origin:
lost Parent Name(s):		
.S. Address:		
ost family email:		
I.S. Home Phone:		Cell Phone:
2) Illegal drug use of a3) Students are not alle4) This is a smoking free	ny kind is strictly prohibited; owed to get any type of tattoo or body pi ee trip! Students are not allowed to smok	rt of alcoholic beverages while on the trip; biercing while on the trip; ske cigarettes of any kind during the trip; other student's hotel rooms: femals will not visit males' rooms and vice versa.
consumption, the stud host city (return trip co	ent may be required to take a drug test. sts are the student's responsibility).	e return of the student to his or her host family. If there is a suspicion of drug or alcohol . In the event that the test results are positive, the student will immediately be returned to their r home country will rely exclusively on the Exchange Student Organization.
irresponsibility or viola includes rules prohibit with any of the rules, the	tion of the rules. Participants must coming driving and the use of alcohol/drugs) ney may be dismissed from further parti	s, phone call charges, lost hotel key charges, and any extra expenses incurred due to their apply with all BELO USA TRAVEL/MY EXCHANGE ORGANIZATION'S rules and regulations (this), as well as those governing this trip or activity. If a participant is found to be in noncompliance icipation in the trip/activity, and/or returned to their host family or home, and will be ation of a rule is serious enough, they may be considered for an early return to their home
The host district has th	e right to cancel the endorsement and r	revoke approval of a student's participation at any time.
		EL/MY EXCHANGE ORGANIZATION'S policies, procedures, and trip rules. I am aware that for this activity, my ORGANIZATION has the authority to deny my participation.
Please write in the Student	e name of the trip and dates you a	are seeking approval for:
Signature of Stude	nt	Date
Host Parent Per		
My/our student w	ill take/has taken the following trips	os during school time.
Name(s)		Signature of Host Parent(s) Date
School Approva	l	Signature of Host Carefully
understands that	owledges that the Student will they must be in good academic sabsence in order to participate on t	be missing school to participate in the selected trip(s). The Student standing (at least a "C" average) in school and must complete all work the trip(s).
Name of School		Name of Authorized School Official
Signature of Autho	rized School Official	Date
Exchange Organi	zation Approval	
As the Authorized C	ffical for(Organization Name)	, I/we approve our exchange student's participation in Belo USA Travel's trips.
	's Printed Name and Signature	Date
Phone: +1 (312) 376-3	et – 2nd Floor – Chicago, IL – 60610 686 – Fax: +1 (312) 376-3690 com - Website : www.belousa.com	BELO USA TRAVEL

- 1. This document has to be signed by You, Your Host Family, and your Exchange Organization Official.
- 2. This document has to be uploaded to the Tour Authorization portal using the link in your confirmation email.