



Service Learning 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 Month: FEB MARCH APRIL JULY

Referred by (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 understand the above and agree to disclose any and all medical information to School The World.

Parent/guardian: _____

SIGNATURE

DATE

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: _____

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



CREDIT CARD INFORMATION

Parent/guardians are responsible for any deficit in student fundraising to complete the total fundraising goal of \$3,600. Additionally, STW has the discretion to send the Participant home from Guatemala 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 of \$750 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.

- 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 natalie.tarutis@schooltheworld.org.

PLEASE SUBMIT A COPY OF YOUR PASSPORT WITH APPLICATION, unless discussed w/ Natalie.