



## 2025 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](mailto:meg.gilman@schooltheworld.org) or mailed to:

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





**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: \_\_\_\_\_



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**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 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**

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 \_\_\_ 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 a check along with the application or if you want the credit card provided to be charged.**

**PROMO CODE:** \_\_\_\_\_

\_\_\_ A check for \$750 (or discounted amount if specified) is included with this application or mailed to STW offices.

\_\_\_ Please charge the credit card on file for \$750 (or discounted amount if specified).

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

Please see School the World's [refund policy](#) (on our website) applicable to additional payments.