

2026 Service Trip Student Application

Application Checklist

Please include the following in your application:

- 1) Application form
- 2) Copy of Passport
- 3) Participant 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



2026 Service Trip Student Application

Date//						
Name:						
(as it appears on passport)	FIRST		MIDDLE		LAST	
Birthdate://	Gender: M F Other	Prono	uns: she/her	he/him	they/them	Other
Home Address:						
	#		STREET			
CITY			STATE	ZIP		
Best Number (student's cell phone):			Preferred/N	lickname		
Student Email Address:						
*Note: Email is the preferred via email. Please inform STW School:	if child or parent does no	t check	email on a re		-	
Current Grade:	Unisex T-shirt Size	:S M	L XL			
Preferred Trip (circle):	February 14-21 (Panar March 14-21 (Panama)	-	April 18-25 July Trip Da	-	ala)	
Please note: Exact travel date	s are subject to change up	oon fligh	t confirmatio	n.		
How did you hear about us? _						
Promo Code (<i>if applicable</i>):						
Instagram Handle:						



PRIMARY Legal Guardian					
	FIF	RST	LA	ST	
Home Address:	#				
	Ħ		STREET		
CITY			STATE	ZIP	
Relationship:					
Home Phone:	Cell P	hone:			
Profession:	I	Employer:			
Email Address:					
SECONDARY Legal Guardi	an:	FIRST			
		FIKST	LA	ST	
Home Address:					
	#				
CITY		STA	TE	ZIP	
Relationship:					
Home Phone:	Cell Pl	10ne:			
Profession:	Emplo	oyer:			
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 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:_____



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 Master	Card		
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).

REFUND POLICY

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

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