

2026 Service Trip Chaperone Application

Date//							
Name:							
(as it appears on passport)		FIRST			MIDDLE	I	LAST
Birthdate://	Gender:	М	F	Other			
Home Address:							
	#				STREET		
CITY					STATE	ZIP	
Cell phone:							
Email Address:							
*Note: Email is the preferred via email. Please inform STW		-		•		sensitive info	ormation is sent
Emergency Contact:							
Name:							
Relation:			_ Phone	Numbe	er:		-
Email:							-
T-Shirt Size (Circle One): S	M		L	XL			
Preferred Trip (Circle One):	Februar March 1	-	-	·=	April 18-25 (-	



Do you have any dietary restrictions? If Yes, please list them below:	Yes	No		
Do you have any allergies to medication of yes, please list all allergies:	ns, food,	environmental or other?	Yes	No



Chaperones are required to pay \$2,600. This covers all expenses, including travel and transportation, food, accommodations, insurance, etc. The 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 Holde	r	Date	
A non-refundable deposit of \$5 below if you are sending a chec charged.	• •	•	
A check for \$500 is included v	vith this application or be	ing mailed to STW offices.	
Please charge the credit card	on file for \$500.		
We have reviewed and agree	eed to the refund policy	as listed on STW's website.	
Applicant Signature		Date	

Please submit a copy of your passport with application. You can scan and email your application to **Elspeth Long at <u>elspeth.long@schooltheworld.org</u> or mail it to:**

School the World 109 State Street Suite 403 Boston, MA 02109