STUDENT INFORMATION **AND AGREEMENT**



Circl Marray	Last Name:	
First Name:		
Gender: Male Female		
Host Parent Name(s):		
J.S. Address:		
Host family email:		
J.S. Home Phone:	Cell Phone:	
 2) Illegal drug use of any kind is strictly pro 3) Students are not allowed to get any type 4) This is a smoking free trip! Students are 5) No dating is allowed. Students are also r 	ume or carry any sort of alcoholic beverages while on the trip; oblibited; e of tattoo or body piercing while on the trip; not allowed to smoke cigarettes of any kind during the trip; not allowed to be in other student's hotel rooms: femals will not ult in the immediate return of the student to his or her host fam	
host city (return trip costs are the student's	to take a drug test. In the event that the test results are positives responsibility). return early to their home country will rely exclusively on the Ex	·
irresponsibility or violation of the rules. Par includes rules prohibiting driving and the u with any of the rules, they may be dismisse	e for personal debts, phone call charges, lost hotel key charges, rticipants must comply with all BELO USA TRAVEL/MY EXCHAI se of alcohol/drugs), as well as those governing this trip or active deform further participation in the trip/activity, and/or returned l. If a student's violation of a rule is serious enough, they may be	NGE ORGANIZATION'S rules and regulations (this vity. If a participant is found to be in noncompliance to their host family or home, and will be
·	endorsement and revoke approval of a student's participation	at any time
even though my parents/host parents have	w BELO USA TRAVEL/MY EXCHANGE ORGANIZATION'S police given permission for this activity, my ORGANIZATION has the	authority to deny my participation.
Please write in the name of the tri	p and dates you are seeking approval for:	
Student		
Signature of Student	Date	
Host Parent Permission		
My/our student will take/has taken	the following trips during school time.	
Name(s)	Signature of Host Parent(s)	Date
School Approval The school acknowledges that the understands that they must be in assigned in their absence in order to the school of the sch	he Student will be missing school to participate in good academic standing (at least a "C" average) in s to participate on the trip(s).	the selected trip(s). The Student school and must complete all work
Name of School		norized School Official
Signature of Authorized School Offici	al Date	
AFS Local Team Support Coordinate	tor Approval	
As the Local Team Support Coordinator	for, I/we approve our exchange	ge student's participation in Belo USA Travel's trips.

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Local Team Support Coordinator's Printed Name and Signature



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