

INTERNATIONAL STUDENT CONFIRMATION OF TRAVEL FORM

Name of Student:	Date of Birth:	Grade:
Thayer Academy (the "Academy") requires that students Academy appraised of all travel plans during the academi Of Travel Form (the "Form") must be completed for any This Form must be returned to the Director of Internation to the scheduled departure.	c year. This Internationan	al Student Confirmation lout-of-state travel.
As the parent/legal guardian of the above-identified stude the following trip for the Student (collectively, the "Trip"		ify that I have scheduled
Purpose of Travel:		
Destination(s):		
Dates of Travel:		
Transportation:		
Other Details:		
I acknowledge that the Student has my permission to part Student will be travelling without the supervision of the A "Homestay Family"). I acknowledge that it is my responthe Trip, and that the Academy has not made any endorse agree that I will instruct the Student on appropriate safety (including, but not limited to, interactions with strangers, dark).	Academy or the Student's sibility to make all travel ments or recommendation precautions and behavior	s homestay family (the arrangements related to ons related to the Trip. I or for the Trip
I am familiar with the mental and physical health of the S capable, having both maturity and self-confidence, to trav Student feels comfortable with the travel arrangements are	vel. I have confirmed with	th the Student that the
The Student and I understand that the Student must abide and the Homestay Family, and must uphold the standards understand that it is my responsibility, and not the Acade the Student complies with any such rules and regulations understand and acknowledge that the Student's conduct we	of the Academy, while omy's or the Homestay Fathat may apply while on	on the Trip. I mily's, to ensure that the Trip. I further
I agree that, unless the Student has received prior permiss interfere with the Student's school obligations, including		
I have read this form in its entirety and I understand what have legal custody of the Student, am authorized to sign of grant the Student certain off-campus privileges with full befor any personal injury or property damage the Student metals.	on the Student's behalf, a knowledge that the Relea	nd have decided to sees will not be liable
Signature of Parent/Guardian:		Date:
Print Full Name of Parent/Guardian:		
Signature of Student:		Date:

HOMESTAY FAMILY ACKNOWLEDGEMENT

By signing below, I acknowledge that the Student has permission	n from the Student's parent(s)/guardian(s)
to participate in the Trip. I further acknowledge that the Student	s's ability to travel is subject to my
discretion and permission in any given circumstance.	
Signature of Homestay Family Adult:	Date:
Print Full Name of Homestay Family Adult:	