



D-E 360° Travel Application Form 2019-2020

SECTION I - STUDENT PERSONAL INFORMATION

LAST/FAMILY NAME	FIRST NAME	PREFERRED NAME	GENDER <input type="radio"/> M <input type="radio"/> F
PERMANENT HOME ADDRESS (NUMBER & STREET)		APT NUMBER	TELEPHONE NUMBER ()
CITY	STATE/COUNTRY		ZIP/POSTAL CODE
DATE OF BIRTH <input type="text"/>	PLACE OF BIRTH (CITY & STATE) - COUNTRY IF NOT U.S.A.		GRADE IN FALL 2019

DESTINATION/TRIP NAME:

SECTION II - FAMILY INFORMATION

PARENT OR GUARDIAN - LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT	
PREFERRED PREFIX <input type="radio"/> DR. <input type="radio"/> MR. <input type="radio"/> MRS. <input type="radio"/> MS.	E-MAIL ADDRESS		WORK OR CELL PHONE ()
ADDRESS IF DIFFERENT THAN ABOVE (NUMBER & STREET)		APT NUMBER	TELEPHONE NUMBER ()
CITY	STATE/COUNTRY		ZIP/POSTAL CODE

SECTION III - MEDICAL INFORMATION

DWIGHT-ENGLEWOOD STUDENTS PARTICIPATING IN ALL D-E 360° INTERNATIONAL TRIPS MUST HAVE COMPLETED, REQUIRED D-E SCHOOL MEDICAL FORMS ON FILE WITH THE MS/JS SCHOOL NURSE. PLEASE BE SURE TO UPDATE ANY ALLERGY INFORMATION AND ALL CRITICAL MEDICAL NOTES AND RESTRICTIONS THAT WE SHOULD BE MADE AWARE OF.

SECTION IV - DEPOSIT

INCLUDED IS A \$1,000 NON-REFUNDABLE DEPOSIT.

SECTION V - STUDENT AND PARENT OR GUARDIAN ACKNOWLEDGEMENT

We understand that, if accepted, all students must participate in mandatory meetings regarding student conduct and safety precautions. In addition, both student and their parent or guardian must sign the D-E 360° Travel Waiver, which is provided separately.

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PARENT OR GUARDIAN SIGNATURE	DATE	STUDENT SIGNATURE	DATE

FOR OFFICE USE ONLY

INITIALS	GRADE	PROGRAM	ENTERED
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