Email: support@ciee.org Website: ciee.org/highschoolusa Phone: 1-800-448-9944 Last updated 2023-03-09

TRAVEL REQUEST FORM

Students must obtain written permission from CIEE if traveling internationally or traveling independently of their host family, Local Coordinator, or school. Please submit this Travel Request Form at least 14 days prior to domestic travel or 30 days prior to international travel. Please obtain Local Coordinator, host family, and natural parent signatures before submitting this form to support@ciee.org.

Please note that CIEE is not responsible for any costs incurred by travel. Responsibility for travel costs must be organized between students and their host family, LC, or other chaperone(s).

STUDENT FULL NAME (PLEASE PRINT):

STUDENT TRAVEL INFORMATION				
ip Start Date: Trip End Date:				
Purpose of Trip:				
Destination/Hotel Address:				
Estimated Total Travel Costs:				
Name of Person(s) Responsible for Travel Costs:				
Will you be missing school for this trip? Yes No				
If so, how many days of school will you be missing? If missing school, please inform your school in writing and follow their policies on allowed absences.				
CHAPERONE INFORMATION				
Please complete this section for all adult (age 25+) chaperones who will accompany you:				

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Chaperone Name:	Age:	Phone:	Email:	
Chaperone Name:	Age:	Phone:	Email:	

HOST PARENT APPROVAL

As Host Parent(s), I/we approve of my/our CIEE exchange student's travel request and acknowledge that I have read and agree to CIEE's travel rules and regulations.

Host Parent Name(s):

Signature(s) of Host Parent(s):

LOCAL COORDINATOR APPROVAL

As Local Coordinator, I approve of this travel request and acknowledge that I have read and agree to CIEE's travel rules and regulations.

LC Name:

Signature of Local Coordinator:

NATURAL PARENT OR LEGAL GUARDIAN APPROVAL

As natural parent or legal guardian, I approve of my child's travel request and acknowledge that I have read and agree to CIEE's travel rules and regulations.

Natural Parent/Guardian Name:

Signature of Natural Parent/Guardian:

Date:

Date:

Date:



USAHSID: