



Council for Educational Travel, USA  
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# PROGRAM EXTENSION

Student Name: \_\_\_\_\_

Student #: \_\_\_\_\_ Agent: \_\_\_\_\_

The above student has requested a program extension and we are all in agreement with this request.

**Host Family:** \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City State Zip: \_\_\_\_\_  
 Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**School:** \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City State Zip: \_\_\_\_\_  
 Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Coordinator:** \_\_\_\_\_  
 Manager: \_\_\_\_\_  
 Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Natural Parents:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Parent's Signature(s): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

By signing this agreement, I/we agree to the CETUSA program extension requested above for our son/daughter and further agree to pay any additional charges assessed by our agent. The same rules and regulations will apply for the extended period and the program shall terminate 7 days after the last day of school. This form must be completed and returned to the CETUSA office 45 days before the requested date of change.

AYP Approval \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date Incidental Charge Form sent: \_\_\_\_/\_\_\_\_/\_\_\_\_