



TRAVEL RELEASE FORM

Council for Educational Travel, USA
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Grand Rapids, MI 49504
Phone: 888-238-8721
Fax: 616-365-9941
e-mail: ayp@cetusa.org

HSP OFFICE USE ONLY To: _____ Date: ____ / ____ / ____

Please advise natural parents of student's travel and confirm natural parent(s) and/or legal guardian(s) permission and signature(s). Please return this form as soon as possible. Thank you.

THIS FORM IS REQUIRED BY THE HSP OFFICE **2 WEEKS IN ADVANCE** OF ALL STUDENT TRAVEL FOR MORE THAN 2 NIGHTS WITH THE HOST FAMILY OR ANY OTHER TRAVEL MORE THAN ONE NIGHT. **IF REQUEST IS NOT TIMELY TRAVEL MAY BE DENIED.** PLEASE REFER TO THE TRAVEL POLICIES IN CETUSA HANDBOOKS FOR TRAVEL RULES.

Travel Plans for: _____
Student's Name _____ Student # _____

The student will be traveling to: _____

Address student will stay at: _____

Phone #: () _____ - _____

This will be supervised by: _____ Contact# () _____ - _____

Is this the student's host family: Yes No If no, describe relationship to student: _____

If student is not travelling with the host family, CBC's will need to be submitted for each person age 18 or over.

Dates of travel: ____ / ____ / ____ through ____ / ____ / ____ This trip will cost the student: \$ _____

Mode of transportation: Car Bus Train Plane

STATESIDE TRAVEL LIABILITY RELEASE - to be completed by Student, Coordinator, Host Family and School

I hereby request permission from my host family, my Coordinator, CETUSA and my school for the above travel. I hereby confirm that I fully understand that during the period mentioned, I am responsible for any and all expenses and travel arrangements. I hereby agree to indemnify and hold harmless the CETUSA Corporation, its officers and staff, all CETUSA representatives domestic and international, and the Host Family current and past.

Student's Signature: _____ Date: ____ / ____ / ____

Coordinator's Signature: _____ Date: ____ / ____ / ____

Host Family Signature: _____ Date: ____ / ____ / ____

Host Family Name: _____ Phone #: () _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

SCHOOL APPROVAL

As the official of _____ High School, I hereby approve the above travel plans. I authorize the student's absence from school (if applicable).

School Official's Signature: _____ Date: ____ / ____ / ____

NATURAL PARENT'S TRAVEL LIABILITY RELEASE - to be obtained/transmitted by the CETUSA HSP office

I hereby request permission from my natural parent's for the above travel. I hereby confirm that I fully understand that during the period mentioned, I am responsible for any and all expenses and travel arrangements. I hereby agree to indemnify and hold harmless the CETUSA Corporation, its officers and staff, all CETUSA representatives domestic and international, and the Host Family current and past.

Natural Parent's Signature: _____ Date: ____ / ____ / ____

PLEASE NOTE - If you are traveling outside the United States: You may need a Visa for the country/countries you are visiting. Please contact the appropriate Consulate for Visa requirements. This is your responsibility. Your DS-2019 must be forwarded via certified mail to the Grand Rapids office 2 weeks prior to your travel for signatures. Failure to follow these procedures could result in your not being able to re-enter the United States.