

OFFICE USE ONLY

Cash: _____

Check: _____

Money Order: _____

Amount: _____



STUDENT: PLEASE FILL IN INFORMATION-PRINT CLEARLY:

Student's Name (First/Last):

Study Tour Country/Date:

**Study Tours
Student Checklist**

All paperwork is due Wednesday, September 5, 2018.

CGS Students: Do your own paperwork. Your parents are busy.

General Forms:

- This Study Tour Participation coversheet
- A check for \$250 payable to **NPS**
- Student Information Sheet
- Signed copy of the Code of Behavior form
- Student biography (available on the CGS website) – email this to your language teacher.
(Student biography not needed for study tours without homestays)
- Permission/Health form, signed/dated by parent
- List the teachers to whom you have given your recommendation forms:
Teacher 1: _____
Teacher 2: _____

Passport/Visa Info:

- 2 copies of the ID page of your passport
- Visa application. I have seen my teacher to discuss what is necessary.

Financial Aid + Scholarship Info – Check all that apply to you:

- Completed Financial Aid Request Form
- Completed Academic Scholarship Form + Essay
- If applying for the PTSO scholarship, include that application
- Copy of your parents' IRS 1040 form (not needed if you qualify for free/reduced lunch, or for the CGS Scholar scholarship)



Study Tours Student Information Sheet

Please **PRINT** legibly

Name (as appears on passport):	
Does your passport have an expiration date of 6 months after your study tour ends? Does it have at least 2 blank pages?	Expiration date ok? _____ 2 blank pages? _____
Grade you are in for 2018-2019:	Please circle one: 9 th 10 th 11 th 12 th
Date of birth:	Month _____ Day _____ Year _____
Student's email address:	
Parent/Guardian name:	
Parent/Guardian email address:	
Parent/Guardian home phone #:	
Parent/Guardian cell phone #:	
Have you been on a CGS study tour previously? If so, when/where?	
Have you attended a Study Tour Seminar before? If so, for which trip(s):	



Study Tours Code of Behavior

Each CGS student participating in the homestay and study tour is aware that his/her conduct represents the United States and the Center for Global Studies. Therefore, the following behavior guidelines are necessary for the success of the study tour and homestay:

1. You should always be respectful to the chaperones, teachers, and the host families.
2. You will not AT ANY TIME wander off individually or in small groups from the group as a whole – even for a moment – without first getting permission from a chaperone/teacher.
3. When traveling through the airports, or taking public transportation, you will **remain attentive** to the group and its movements, and follow the directions of the chaperones.
4. When with your homestay family, you will abide by the house rules. You will not go off individually, or even with your host brother/sister, without first getting permission from your host family parents. A responsible curfew will be observed.
5. There will be **no smoking, no drinking of alcoholic beverages, no use of any kind of illegal drugs, and no sexual activity** from the moment of departure from CGS to return to CGS. Be advised that illegal substances break not only our rules and laws, but the laws of the countries we visit that carry serious punishments. **Students who break any part of this rule will be suspended upon return to CGS.**
6. Teachers and chaperones reserve the right to inspect student luggage, cell phones, and other technology if any student is suspected of carrying any items noted in #5, or any items that might jeopardize the safety and integrity of the study tour participants. Items forbidden by the School Code of Conduct, in addition to any contraband items such as, but not limited to, fireworks, will be confiscated and appropriate school action will be administered upon return to CGS/BMHS.
7. Students are expected to obey deadlines and curfews that chaperones set while traveling. **Failure to obey curfews will result in disciplinary action when you return to CGS.**
8. You should wear appropriate, conservative clothing at all times while on the study tour. This is especially important since we will be visiting historic sites that include palaces and temples.
9. No drama.

Note: During the study tour and homestay, you are under the direct supervision of the CGS staff. Thus, you are not only responsible for the Code of Behavior, but also for exhibiting a good, common sense approach for all situations as they occur. Any serious infraction of the code and rules set down by CGS can result in a student participant's termination of the study tour and homestay, and return to the United States at the parent/guardian expense, or a delayed action will be administered upon return to CGS/BMHS.

Each of you has shown that you are capable of exemplary behavior and attitude as observed throughout the school year; and clearly, each of you will make the best possible impression while on this tour.

I have read the Code of Behavior and agree with it:

Student Name – Print Clearly

Date

Parent Name – Print Clearly

Student Signature

Date

Parent Signature



Study Tours Academic Scholarship Form

Your Name _____ Language and Trip Month _____

Which Academic Scholarships are you applying for?

- CGS Scholar:** This is based on academic performance and school involvement. Requires an essay.
Award: \$500
- PTSO Scholar:** This is based on academic performance, school involvement, and demonstrated financial need. Your family must be a member of the CGS PTSO. If you are not currently a member, the fee is \$10 and you can join anytime. Requires an essay. Requires submitting the PTSO application.
Award: \$500
- Various Scholarships:** These are based on academic performance and school involvement. Requires an essay.
Award: \$100 - \$500. Based on availability of awards.
- Papallo Scholar:** This is based on academic performance and school involvement. Requires an essay.
Award: \$250-\$2000. Based on availability of award.

Scholarships are competitive and will be based on your GPA, teacher recommendations, school involvement, and your essay.

The Essay

Write only one essay, even if you are applying for multiple scholarships. Essays should range between 350-650 words. Use all of your knowledge from CGS (of culture, language, and history) and your best writing. You can include personal experiences and other knowledge.

Use specific examples--from your life, from language class, from culture, politics, history, etc. Take a risk. Make it interesting. Avoid clichés and stereotypes. Proofread.

Select one essay topic below.

- A. US Vice-President Joe Biden, in 2015, said, “We have to reach beyond ourselves, we have to be a light to the world.” In what ways might someone agree **and** disagree with this statement, and what do you think?
- B. To what extent is going on a study tour a political act? Why do you think this?
- C. Why do humans travel? Is it for a different reason than why humans *should* travel?



Study Tours Payment Plan or Financial Aid Request Form

Your Name _____ Study Tour Applied For: _____

Cost of Study Tour _____ Date of Study Tour: _____

Check all that apply:

- I am requesting a payment plan.
- I am requesting financial aid for the study tour.
- I already qualify through Norwalk Public Schools for free or reduced lunch.

Payment Plan

If you are requesting a payment plan to space out your payments, please fill out the chart, below.

Payment #	Date of Payment	Amount of Payment
1		
2		
3		
4		

I understand that I will contact Ms. Cawley if I need to adjust the plan listed above. I understand that if payments are not completed, my child's transcript will be withheld.

Print Parent Name and Signature: _____

Financial Aid – Open to families who show demonstrated need.

Have you previously received financial aid for a study tour? Please circle: Yes No If yes, how much? _____

Amount you are able to pay: _____

Do you qualify for free/reduced lunch? Please circle: Yes No Free Lunch? Reduced Lunch?

Even if you do not qualify for free/reduced lunch, you may still be eligible for financial aid.

If you do not qualify for free/reduced lunch, please:

- Submit a copy of your parents' or guardians' most recent IRS 1040 forms. If both parents support you financially, please submit copy of both parents' 1040 forms.
- If your 1040 forms do not reflect your current financial situation, please include a letter/note explaining special circumstances.

We're glad you're applying for financial aid--we want everyone to be able to attend our field trips, regardless of finances.

Parent/Guardian (Print Name and Sign): _____

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*For Office Use Only:*

Approved? Yes No If not, reason: \_\_\_\_\_

|                  |                          |                      |
|------------------|--------------------------|----------------------|
| Amount CGS Pays: | Amount Student has paid: | Amount Student Owes: |
|------------------|--------------------------|----------------------|



## **Study Tours Visa Information**

Some countries require US citizens to apply for a travel visa for entry.

Your teacher will inform you about the visa requirements if they apply to your tour. He or she will hold a session after school for everyone to complete the visa at the same time.

You will need two color passport-type photos.





**Study Tours**  
**Teacher Recommendation Form**  
**Teachers: Please return this form to Ms. Cawley**

**Students: Fill in this information:**

Name of Student \_\_\_\_\_

Teacher \_\_\_\_\_

Course/s \_\_\_\_\_

Scholarship Student Applied for/Month: \_\_\_\_\_

**CGS/BMHS Teachers: Fill in this information:**

|                                                                 | Average | Good | Excellent | Outstanding |
|-----------------------------------------------------------------|---------|------|-----------|-------------|
| Acts respectfully towards other                                 |         |      |           |             |
| Acts respectfully towards adults                                |         |      |           |             |
| Shows caring and compassion towards others                      |         |      |           |             |
| Communicates effectively                                        |         |      |           |             |
| Displays independence and initiative                            |         |      |           |             |
| Is highly motivated to achieve                                  |         |      |           |             |
| Displays disciplined work habits                                |         |      |           |             |
| Displays good judgment when faced with adversity                |         |      |           |             |
| Displays curiosity and a high level of interest in CGS subjects |         |      |           |             |

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_





# Study Tours

## Teacher Recommendation Form

**Teachers: Please return this form to Ms. Cawley**

**Students: Fill in this information:**

Name of Student \_\_\_\_\_

Teacher \_\_\_\_\_

Course/s \_\_\_\_\_

Scholarship Student Applied for/Month: \_\_\_\_\_

**CGS/BMHS Teachers: Fill in this information:**

|                                                                 | Average | Good | Excellent | Outstanding |
|-----------------------------------------------------------------|---------|------|-----------|-------------|
| Acts respectfully towards other                                 |         |      |           |             |
| Acts respectfully towards adults                                |         |      |           |             |
| Shows caring and compassion towards others                      |         |      |           |             |
| Communicates effectively                                        |         |      |           |             |
| Displays independence and initiative                            |         |      |           |             |
| Is highly motivated to achieve                                  |         |      |           |             |
| Displays disciplined work habits                                |         |      |           |             |
| Displays good judgment when faced with adversity                |         |      |           |             |
| Displays curiosity and a high level of interest in CGS subjects |         |      |           |             |

Additional comments: \_\_\_\_\_

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**NORWALK PUBLIC SCHOOLS**  
**FIELD TRIP PERMISSION FORM – CGS/BMHS**

*Student Name:* \_\_\_\_\_ *Gender:* \_\_\_\_\_ *Grade:* \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax Number \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Business Phone No.: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Mother                                  Father                                  Guardian

Business Fax No.: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Mother                                  Father                                  Guardian

Relative or other responsible party: \_\_\_\_\_

Name                                                  Relationship

Home Phone: (\_\_\_\_) \_\_\_\_\_ Business Telephone: (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_

My child has permission to participate in the field trip to: \_\_\_\_\_

on the following dates: \_\_\_\_\_ ..

I give permission to the group leader in charge to seek urgent and/or emergency medical care for my child. The decision for treatment will be made by the medical provider in consultation with the parent/guardian, if possible. This permission will be used only after efforts to reach a parent/guardian have been made. Furthermore, I agree to waive all claims against the leaders/chaperones of this activity for seeking urgent and/or emergency medical care for my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**HEALTH INFORMATION (Give dates where known)**

Surgery within last year: \_\_\_\_\_

Is this student under medical treatment at the present time?    Yes \_\_\_\_\_    No \_\_\_\_\_

If yes, give reason \_\_\_\_\_

Allergies (food and/or medication) – please list \_\_\_\_\_

Chronic Health Diagnosis (asthma, diabetes, epilepsy, etc.) \_\_\_\_\_

Special Health Concerns \_\_\_\_\_

Emotional Concerns \_\_\_\_\_

Menstrual Cycle Problems \_\_\_\_\_

Motion Sickness    \_\_\_\_\_ yes \_\_\_\_\_ no    Date of last Tetanus Vaccine \_\_\_\_\_

**Please complete other side**

FIELD TRIP INFORMATION FORM

Name of student's medical provider \_\_\_\_\_

Medical Provider's Phone No. (\_\_\_\_) \_\_\_\_\_ Fax No.(\_\_\_\_) \_\_\_\_\_

Student's Medical Insurance \_\_\_\_\_

Name of company

Insured adult

Policy No.

Insurance Co. Telephone No. (\_\_\_\_) \_\_\_\_\_

COMPLETE SECTION BELOW IF NECESSARY (MEDICATION INFORMATION)

(Provider authorization required if not already on file with school nurse)\*

*Student Name:* \_\_\_\_\_ *Date of Birth:* \_\_\_\_\_

List all medications your child takes (including herbal preparations/vitamins):

\_\_\_\_\_

**\* Authorization on file must include all required daily doses.**

My child may need to take the following medications while on the field trip.

Prescribed medications **must be in the original pharmacy container and include the student's name, prescription number, name of medication, dosage, and directions for administration.** I give permission for school staff to administer the following prescribed medication(s)\*\* to my child:

\_\_\_\_\_  
(Name of Student)

**\*\* Over the counter medications that have been prescribed by your child's medical provider must be in an unopened container.**

| <u>Medication</u> | <u>Dosage</u><br>(How Much) | <u>Frequency</u><br>(How Often) | <u>Reason Being Given</u> |
|-------------------|-----------------------------|---------------------------------|---------------------------|
| _____             | _____                       | _____                           | _____                     |
| _____             | _____                       | _____                           | _____                     |
| _____             | _____                       | _____                           | _____                     |
| _____             | _____                       | _____                           | _____                     |
| _____             | _____                       | _____                           | _____                     |

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**ADMINISTRATION OF MEDICINE BY SCHOOL PERSONNEL ON OVERNIGHT FIELD TRIPS**

The Connecticut State Law and Regulations 10-212(a) require a written order of an authorized prescriber and parent/guardian's written authorization for the nurse, or in their absence, a designated principal, teacher, or qualified school staff member to administer medications. **Medications must be in properly labeled pharmacy container and dispensed by a physician/pharmacist. Medication can only be administered to the student that they are prescribed for.**

**Prescriber's Authorization**

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

| Condition | Drug <input type="checkbox"/> | Dose <input type="checkbox"/> | Route | Admin Time | OR | PRN Freq. |
|-----------|-------------------------------|-------------------------------|-------|------------|----|-----------|
|           |                               |                               |       |            |    |           |
|           |                               |                               |       |            |    |           |
|           |                               |                               |       |            |    |           |
|           |                               |                               |       |            |    |           |

ALLERGIES: DRUG/FOOD NO YES \_\_\_\_\_

ARE ANY OF THESE DRUGS A CONTROLLED DRUG?  NO  YES (specify) \_\_\_\_\_

Medication Administration: \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Prescriber's Name/Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse/Principal/Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Use for Prescriber's Stamp

**AUTHORIZATION BY PARENT/GUARDIAN**

I understand that the above medications will be administered by school personnel. I understand that this medication will be destroyed if it is not picked up following termination of the order or by the last day of school.

I give my permission for the school nurse to communicate with the authorized prescriber as necessary to ensure the safe administration of such medication.

➡ Parent/Guardian Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL**

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse in accordance with Board policy.

Prescriber's authorization for self-administration  YES  NO \_\_\_\_\_  
Signature Date

➡ Parent/Guardian authorization for self-administration:  YES  NO \_\_\_\_\_  
Signature Date

School Nurse approval/review for self-administration:  YES  NO \_\_\_\_\_  
Signature Date