CGS Students: Do your own paperwork. Your parents are busy. We won’t accept this Packet without this coversheet completed.

General Forms:

☐ This Study Tour Student Checklist 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 (copies needed-keep your passport at home)
☐ 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

<table>
<thead>
<tr>
<th>Name (as appears on passport):</th>
<th></th>
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<tbody>
<tr>
<td><strong>Does your passport have an expiration date of 6 months after your study tour ends?</strong></td>
<td><strong>Expiration date ok?</strong> ______</td>
</tr>
<tr>
<td><strong>Does it have at least 2 blank pages?</strong></td>
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<tr>
<td><strong>Grade you are in for 2019-2020:</strong></td>
<td><strong>Please circle one:</strong> 9th 10th 11th 12th</td>
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<tr>
<td><strong>Date of birth:</strong></td>
<td><strong>Month</strong> ______ <strong>Day</strong> ______ <strong>Year</strong> ______</td>
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<tr>
<td><strong>Student’s email address:</strong></td>
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<td><strong>Parent/Guardian name:</strong></td>
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<td><strong>Parent/Guardian email address:</strong></td>
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<td><strong>Parent/Guardian home phone #:</strong></td>
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<tr>
<td><strong>Parent/Guardian cell phone #:</strong></td>
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<tr>
<td><strong>Have you been on a CGS study tour previously? If so, when/where?</strong></td>
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<tr>
<td><strong>Have you attended a Study Tour Seminar before? If so, for which trip(s):</strong></td>
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</table>
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. You will participate in all study tour classes and fundraising activities before and after the trip. Failure to be an active and engaged participant will result in being pulled from the trip and/or loss of credit.
5. 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.
6. 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.
7. 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.
8. 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.
9. 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.
10. 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: Former President Jimmy Carter said, “You can do what you have to do, and sometimes you can do it even better than you think.” How might this apply to a study tour?
B: Nelson Mandela said, “I learned that courage was not the absence of fear, but the triumph over it. The brave man is not he who does not feel afraid, but he who conquers that fear.” What scares you most about going on this study tour?
C: Emile Ganest said, “A tourist is a fellow who drives thousands of miles so he can be photographed standing in front of his car.” In what ways will you be similar to or different from this tourist?
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.

<table>
<thead>
<tr>
<th>Payment #</th>
<th>Date of Payment</th>
<th>Amount of Payment</th>
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<tbody>
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<td>4</td>
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</tbody>
</table>

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 both parents’ or guardians’ most recent IRS 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): ________________________________

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
PTSO Scholarship Application

Study Tour Scholarship - $500    Deadline: When Your Deposit is Due

This scholarship is a needs-based scholarship to be awarded to a student of any grade who is traveling on a CGS study tour.

Additional Criteria:
- Never traveled with CGS on previous Study Tour
- Needs to be a PTSO member ($10 fee) – applications are available at Ms. Cawley’s desk and on the website.
- Submitted an application for a needs-based scholarship to CGS and was determined to be needs eligible (partially based on eligibility for reduced/free lunch program)

Student Name: __________________________________________________________

Study Tour/Date: ________________________________    Email: ________________________________

Phone: ____________________________    Email: ____________________________

Grade you are in while on the study tour (please circle):  9th  10th  11th  12th

Description of involvement/activities within the CGS and/or BMHS (use other side if needed). This is an important criteria. Please be thorough.

__________________________________________________________________________

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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: Please fill in the information below and return to Ms. Cawley

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<tr>
<th>Category</th>
<th>Average</th>
<th>Good</th>
<th>Excellent</th>
<th>Outstanding</th>
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<tr>
<td>Acts respectfully towards other</td>
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<tr>
<td>Acts respectfully towards adults</td>
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<tr>
<td>Shows caring and compassion towards others</td>
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<td>Communicates effectively</td>
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<td>Displays independence and initiative</td>
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<td>Is highly motivated to achieve</td>
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<tr>
<td>Displays disciplined work habits</td>
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<tr>
<td>Displays good judgment when faced with adversity</td>
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<tr>
<td>Displays curiosity and a high level of interest in CGS subjects</td>
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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: Please fill in the information below and return to Ms. Cawley

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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:** ____________________________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
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</table>

**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.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage (How Much)</th>
<th>Frequency (How Often)</th>
<th>Reason Being Given</th>
</tr>
</thead>
<tbody>
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</table>

Parent/Guardian Signature ___________________________ Date ____________

11-06-14
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: _________

<table>
<thead>
<tr>
<th>Condition</th>
<th>Drug</th>
<th>Dose</th>
<th>Route</th>
<th>Admin Time</th>
<th>OR</th>
<th>PRN Freq.</th>
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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