Study Tours
Student Checklist

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

General Forms:

☐ This Study Tour Participation coversheet
☐ A check for $250 payable to CGS-BMHS
☐ Student Information Sheet
☐ Signed copy of the Code of Behavior form
☐ Student biography (available on the CGS website) – email this to your language teacher
☐ Permission/Health form, signed 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, if applicable
☐ One color passport photo for Visa, if applicable

Financial Aid + Scholarship Info:

☐ 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>
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<tbody>
<tr>
<td>Passport number:</td>
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<td>Passport expiration date:</td>
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<tr>
<td>Country of passport:</td>
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<tr>
<td>Does your passport have an expiration date of 6 months after your study tour ends?</td>
<td>Expiration date ok?</td>
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<tr>
<td>Does it have at least 2 blank pages?</td>
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<tr>
<td>High School grade level at the time of this Study Tour:</td>
<td>Please circle one:</td>
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<tr>
<td>Date of birth:</td>
<td>Month ____________</td>
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<tr>
<td>Student’s email address:</td>
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<tr>
<td>Parent/Guardian name:</td>
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<td>Parent/Guardian email address:</td>
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<tr>
<td>Parent/Guardian home phone #:</td>
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<tr>
<td>Parent/Guardian cell phone #:</td>
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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 - Printed Date Parent Name – Printed

__________________________________________________________________________
Student Signature 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. Why does studying this particular culture matter to you?
B. What does it mean to be internationally-minded, and why does it matter?
C. Is going on a study tour a political act? Why or why not?
Study Tours
Financial Aid or Payment Plan Request Form

Your Name ____________________________ Language and Trip Month ________________________________

Cost of Study Tour ______________________ Amount You are Able to Pay ________________________________

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, 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>
<tr>
<td>1</td>
<td></td>
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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.

Parent Name and Signature:  ________________________________________________________________

Financial Aid
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
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 an explanation of 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:  __________________________ __________________________

<table>
<thead>
<tr>
<th>Amount CGS Pays:</th>
<th>Amount Student has paid:</th>
<th>Amount Student Owes:</th>
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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: September 15

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 the CGS earlier this year and was determined to be needs eligible (partially based on eligibility for reduced/free lunch program)

Student Name: ____________________________________________

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 Laurie Cawley

Name of Student ____________________________________

Teacher __________________________________________

Course/s __________________________________________

Scholarship Student Applied for/Month: __________________________

Personal Qualities Checklist to be filled out by CGS or BMHS teachers for all applicants.

<table>
<thead>
<tr>
<th>Qualities</th>
<th>Average</th>
<th>Good</th>
<th>Excellent</th>
<th>Outstanding</th>
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<tbody>
<tr>
<td>Acts respectfully towards other</td>
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<tr>
<td>Acts respectfully towards adults</td>
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<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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<tr>
<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 Laurie Cawley

Name of Student ____________________________

Teacher __________________________________

Course/s _________________________________

Scholarship Student Applied for/Month: ______________

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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.: (____)_________________ (____)_________________ 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
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>
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________________________________________________________________________________________________________________________________________________________

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 ___________________________ Date __________________

Parent/Guardian authorization for self-administration: □ YES □ NO ___________________________ Date __________________

School Nurse approval/review for self-administration: □ YES □ NO ___________________________ Date __________________