

## 2009-2010 ISE TRIP PERMISSION FORM

Send form to: 9101 Shore Road, #203 - Brooklyn, NY 11209 OR Fax to 1-718-439-8565

Last Name:			Nationality:			
First Name: $SEX: \Box M \Box F$			Nationality:Student email:			
Host Parents:						
Address:		Host email:				
City		State	If case of emerg	gency, please contact	·.	
	Birth c		Host Father Daytime phone: (	)		
Home Phone: (_	)		Host Mother Daytime phone: (	)		
ISE and MPD Tour		presentatives may take	any action deemed nec	orm. All parties acknowl ressary to protect student of the acknowledges acknowledges acknowledges acknowledges.		
Student Signature I			Host Parent signat	Host Parent signature		
Area Rep & Re	gional Manager sig	<b>gnatures:</b> ISE Area F	Rep & Regional Manage	er approvals are required	for all students.	
Area Rep Signature			Phone number	()		
Regional Manager Signature			Phone number	()		
School Signatur	re: ISE students may no	ot miss school without	school permission, and	must make up any misse	ed work.	
School Name				Date:		
additional pages, if	<b>O</b> 7	rrently being treated for	\ \	, etc), and any prescripti lso list the physician's na		
		Indicate which to	rip(s) you are takir	ng:		
California Experience March 6-12, 2010	Hawaii 1 February 5-12, 2010	Hawaii 3 February 22- March 1, 2010	LA Experience November 28 - Dec.3, 2009	New York Holiday December 12-17, 2009	NYC Long Weekend 1 May 14-17, 2010	
Eastern Coast Experience April 13-19, 2010	Hawaii 2 February 13-20, 2010	Hawaii 4 April 3-10, 2010	New York & Boston May 1-7, 2010	Western Tour March 13-19, 2010	NYC Long Weekend 2 May 21-24, 2010	
Would you prefer roommates of the <i>same</i> or <i>different</i> na #1 #2			nationalities?	Anyone in Particular?		
	orm with payment to oursamerica.com		ca, Inc. 9101 Shore	Road, # 203, Brook FAX: 1-	lyn, NY 11209 718-439-8565	