

ENROLLMENT FORM

ORGANIZING TEACHER ← Check the correct box → **OFFICIAL ASSISTANT**

LEGAL NAME

Legal Last Name (as it matches your passport)

Legal Middle Name (as it matches your passport)

Legal First Name (as it matches your passport)

SCHOOL DATA

School Name

School Address

(Give specific street name and number as not all ITI mail is delivered by the U.S. Postal Service)

City State Zip -

School Phone / - School Fax / -

EMAIL

PERSONAL DATA

MAILING ADDRESS:

Give specific street name & house number

 State Zip Code

City State Zip Code

Home Phone / - Cell Phone / -

Date of Birth: Sex: Male Female:

Month Day Year

Person to be contacted in an emergency

Last Name First Name

 / - / -

Day Phone Cell Phone

ORGANIZING TEACHER

I certify that, as the Organizing Teacher, I, my Official Assistants, and all my group members have read and understand all terms and conditions as set forth in the AGREEMENT and the ITI PREGUNTAS student booklet. I understand that I have primary responsibility for supervising my group and for enforcing Interact's written policies. I understand that there are no waivers or exceptions to these policies. I agree to distribute all information regarding pre-departure communications, including airline tickets, which are received 7 days prior to actual departure.

Signature: _____  Date: _____

OFFICIAL ASSISTANT

I certify that, as an Official Assistant, I have read and understand all terms and conditions as set forth in the AGREEMENT and the ITI PREGUNTAS student booklet. I understand that I am responsible for assisting the Organizing Teacher in supervising the group and enforcing Interact's written policies. I understand that there are no waivers or exceptions to these policies.

Signature: _____  Date: _____