

# ENROLLMENT FORM

ORGANIZING TEACHER

← Check  the correct box →

OFFICIAL ASSISTANT

## LEGAL NAME

Legal Last Name (as it appears on your passport)

Legal First Name (as it appears on your passport)

MI.

## 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

City  State  Zip Code

Home Phone  /  -  Cell Phone  /  -

Date of Birth:  /  /   
Month Day Year

Sex: Male  Female:


## 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: \_\_\_\_\_