EPISCOPAL
SCHOOL of JACKSONVILLE

Puerto Rico Mission Trip

June 16-21, 2019

Application

Please print the following information very clearly. It is very important that you write your child's name EXACTLY as it is recorded in his/her passport or photo ID.

Student's last name: _____

Student's first name: _____

Student's middle name: _____

Student's birth date: _____

Grade level next year (2019-2020): _____

Student's cell phone number: _____

Home phone number: _____

Father's name: _____

Father's phone number: _____

Father email address: _____

Mother's name: _____

Mother's phone number: _____

Mother email address: _____

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Dietary Restrictions:

Please list ANY allergies or medical conditions:

Does the student carry an epipen and/or inhaler on him or her at all times?

YES NO

Please list any medications that the student takes regularly or specific medications for specific

Please list the student's travel experience (if any):

Has the student ever been away from home (without parent's presence) for at least one week?

YES NO

List 3 ESJ teachers from whom we could obtain a recommendation.

_____

_____

_____

Name of church _____

Do you attend a youth group or other faith based group? Yes No

If yes, please list your youth group or other faith based group experience(s).

_____

_____

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Have you ever been on a mission trip? Yes No

If yes, please explain your mission trip experience(s).

_____

_____

Why do you want to go on the ESJ Puerto Rico Mission Trip 2019?

_____

_____

_____

_____

_____

_____

_____

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_____

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_____

I am aware that my participation in this program is contingent upon acceptance into the program according to the established selection procedure. _____ Student Signature	I am aware of, and approve of, my son/daughter/ward's decision to apply for participation in the Puerto Rico Mission Trip. _____ Parent Signature

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Family Commitment

Please return this form with your deposit!

I agree to permit my child _____ to participate in the ESJ *Puerto Rico Mission Trip* and to travel to Puerto Rico from June 16 - June 21, 2019. I have read and understand the outlined payment schedule for the ESJ *Puerto Rico Mission Trip*. I understand that after the program application deadline of November 30, 2018, our $600 deposit will *not* be reimbursed, unless my child is not selected for the program, then this deposit will be reimbursed in full.

_____ _____

Parent/Guardian Printed name Dated

_____

Parent/Guardian Signature

_____ _____

Parent/Guardian Printed name Dated

_____

Parent/Guardian Signature