



EPISCOPAL
SCHOOL of JACKSONVILLE

South border of Texas Mission Trip

June 19-25, 2022

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 (2021-2022): _____

Student's cell phone number: _____

Home phone number: _____

Father's name: _____

Father's cell number: _____

Father email address: _____

Mother's name: _____

Mother's cell number: _____

Mother email address: _____



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).



Yes No

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Student Signature

Parent Signature



South Texas Mission Trip

June 19-25, 2022

Family Commitment

Please return this form with your deposit!

I agree to permit my child _____ to participate in the ESJ *South Texas Mission Trip* and to travel to Texas from **June 19 - June 25, 2022**. I have read and understand the outlined payment schedule for the ESJ *South Texas Mission Trip*. I understand that after the program application deadline of **November 22, 2021**, our **\$750** 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