

2101 E. Broadway Road, Suite 4 Tempe, AZ 85282-1735

Toll-Free: 1-888-996-2326 Ph: (480) 907-7285 Fax: (480) 907-7526

E-mail: info@ocean-intl.org
Web: www.ocean-intl.org

## TRAVEL AGENDA FORM

Please remember the Fifth Clause of the program rules and regulations, which states the following: "The participant is prohibited from traveling throughout the continental U.S.A. without adult supervision. To travel with adults other than the host family, the student must first acquire written authorization from the natural parents, host family <u>and appropriate OCEAN's staff.</u> This must be completed 30 days prior to travel. No exceptions will be made. We will not approve frivolous travels or travels that are not conducive to a good sojourn, such as visiting family members or friends during holidays and/or school breaks." Students should not pay any fees related to their travels or finalize any travel arrangements until a trip has been pre- approved by OCEAN.

Student's Name:					
Host Family's Name:					
Phone: ()					
Address:					
City:	State:	Zip Code:			
1 – Who planned the trip?					
2 – Where are you going?					
3 – With whom are you traveling?					
4 – Departure Date://					
6 – Where will you be staying? (Please	provide the address and tele	phone number.)			
7 – Does your host family agree with yo	ur plans?   Yes   No	If yes, please have then	n sign belov	٧.	
Host Father's Signature:			Date:	/	_/
Host Mother's Signature:			Date:	/	_/
8 – Have your natural parents or legal g	uardians authorized you to t	ravel? □ Yes □ No			
We, the natural parents agree to allow hold OCEAN responsible in any way for is NOT responsible for any loss or injury	the health, welfare and safet	ty of our son/daughter.			
Natural Father's Signature:			Date:	/	/
Natural Mother's Signature:			Date:	/	/

9 – Will you be absent from s	chool? □ Yes □ No			
If so, have you notified the so	hool of your absences? $\square$ Yes $\square$ No			
If you will be absent from sch	ool, we must receive written approval from a	school official:		
School Official's Name and Ti	tle:			
School Official's Signature:		Date:	_//_	
10 – Have you informed your	area representative of your plans? $\square$ Yes	$\square$ No If yes, please have him,	her sign belo	ow.
Area Representative's Name:				
Area Representative's Signati	ure:	Date:	_//_	
-	uire permission from OCEAN's main office in tand that traveling without receiving approtrom the program.			uld
Student's Signature:		Date:	_//_	
Please return this form to:	OCEAN 2101 E. Broadway Road, Suite 4 Tempe, AZ 85282-1735			
	Toll-Free: Phone: 1-888-996-2326 Fax: (480) 907-7526 E-mail: info@ocean-intl.org			
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Option #1:				
OCEAN <u>approves</u> of the trip	outlined on this form and grants the student	permission to travel.		
Director's Name:	Title:			
Director's Signature:		Date:	_//_	
Option #2:				
	the trip outlined on this form. The student in this trip without the required authorization country.		-	
Director's Name:	Title:			
Director's Signature:		Date:	//_	