



INDEPENDENT PARTY RECEIVING FORM

PRIVATE SCHOOL PROGRAM

This form must be submitted for all overnight student travel with a third party.

It is the responsibility of the student to submit this form at least 7 days prior to departure. Edited or incomplete forms will be considered invalid.

Student information

| | | |
|-----------------|-------------------|----------------|
| Name of Student | Home Country | |
| Destination | Date of Departure | Date of Return |

Independent Party Receiving Agreement

Please initial that you agree with the following statements:

- _____ I confirm that I am at least 25 years old.
- _____ I confirm that I have the HAMDEN EDUX office Emergency Contact number (410)290-0976.
- _____ I confirm that I have a copy of the HAMDEN EDUX program rules and insurance information.
- _____ I confirm that I have read the student Travel Proposal and will uphold all aspects of the proposal.
- _____ I have a copy of the Student's agreement and medical release with HAMDEN EDUX.
- _____ I am aware that the student is traveling in the United States with a F-1 visa. There are restrictions placed on students holding a F-1 visa, and before I take any action that I may jeopardize the Student's Visa Status and I will consult with U.S. Homeland Security.
- _____ I will contact HAMDEN EDUX should the student become ill or injured.
- _____ I will immediately contact HAMDEN EDUX Travel at the number if there are any changes in the students' travel plan.

Please provide proof of age with this form (i.e. copy of driver's license, copy of passport, etc.)

I promise to ensure the safety and well-being of the above named student while she/he travels or stays with me. I will follow all state and federal laws, as well as the rules that govern HAMDEN EDUX's program while the student remains in my care.

| | | | |
|--------------|------|-----------|-----|
| Printed name | Age | Telephone | |
| Address | City | State | Zip |
| Signature | Date | | |