

Please complete and sign this application. Please also send a copy of the participant's passport and unofficial school transcripts.

## STUDENT INFORMATION

1. Family Name(s):	First Name:	Middle Name:	5. Country of Citizenship:
<input type="text"/>			<input type="text"/>
2. Street Address:	<input type="text"/>		
City:	State/Department/Province:	Postal Code:	6. Country of Birth:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country:	Telephone:	7. Where did you obtain this application?	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
E-mail:	Instagram Username:		
<input type="text"/>	<input type="text"/>		
3. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	4. Date of Birth (MM/DD/YY)		
<input type="text"/>	<input type="text"/>		

Encompass Experiences Immersion programs are part-time in nature, and are suitable for students on ESTA/Visa Waiver Program or a B1/B2 Visitor Visa.

## PREFERRED SCHOOL & PROGRAM DATES

1. Name or Location of Preferred School:	<input type="text"/>		
2. Arrival/Start Date: (MM/DD/YY)	<input type="text"/>	3. Departure/End Date: (MM/DD/YY)	<input type="text"/>
4. Grade in your Current School:	<input type="text"/>		

## HOUSING OPTIONS

- ☐ I don't need housing provided by the school.
- ☐ I prefer homestay.
- ☐ I prefer dormitory/residence (limited availability, open to students aged 12 and older, not available at all locations).

## MEDICAL INFORMATION

Do you have any allergies we should be aware of (please list):

Do you currently take any medications we should be aware of (please list):

## **PARENT/GUARDIAN INFORMATION**

**Father's Name:**

**Father's Telephone Number:**

**Father's Email address:**

**Mother's Name:**

**Mother's Telephone Number:**

**Mother's Email address:**

## **PARENTAL AUTHORIZATION FOR MINORS**

I authorize Encompass Experience and its partner schools to allow any necessary and appropriate emergency medical services for my child in case of illness, and release them from all forms of liability. I agree to provide health insurance information for my child prior to his/her arrival in the United States.

**Date (MM/DD/YY)**

**Relationship to student (parent, guardian, etc.):**

\_\_\_\_\_  
Signature

## **FAMILY VISITATION**

For students under the age of 18 who intend to arrange a visit with relatives during their immersion program, the student's parent or guardian must complete and sign a Family Visit Authorization Form. This form may be obtained upon request from any Encompass Experiences team member.

**Date (MM/DD/YY)**

\_\_\_\_\_  
Signature

## **PHOTO RELEASE**

Encompass Experiences and its partner schools may take photos or videos of your child for promotional or educational purposes. Your child's participation in the immersion program presumes your consent. Please contact [info@encompassexp.net](mailto:info@encompassexp.net) for information or to opt out.

**Thank you for your application! You will receive an invoice to pay the Encompass Application Fee as well as any application fees required by the school. Once the fee(s) have been received we will complete the student's application and send a Welcome Letter to you. You will then receive a second email with an invoice for the student's program fees. We look forward to welcoming your child to our program!**