



Jacksonville Sister Cities & Landon Middle Student Travel Program Application Form



SECTION I. Student's Legal Name, Contact Data, and Information (Do not use nicknames)

Last/Family Name _____ First/Given Name _____

Middle Name _____ Preferred Name: _____

Student Cell phone (_____) _____

Gender: Male _____ / Female _____ Date of Birth _____ / _____ / _____ (Month/Day/Year)

<p>School:</p> <p><input type="checkbox"/> James Weldon Johnson College Prep</p> <p><input type="checkbox"/> Julia Landon College Prep</p> <p><input type="checkbox"/> Other: _____</p> <p>Current Grade Level: 6th _____ 7th _____ 8th _____ Other: _____</p>	<p>Select Program(s) of Interest:</p> <p><input type="checkbox"/> South Africa</p> <p><input type="checkbox"/> South Korea</p> <p><input type="checkbox"/> Puerto Rico</p>
---	--

Do you have a current passport? Yes No If yes, List passport country _____
Dual or multiple citizenship holders: provide information from the passport you will use for travel to/within/from the country where the exchange program is located.

Passport expiration date _____ / _____ / _____ (Month/ Day/Year)

Allergies & Dietary Restrictions: _____

SECTION II. Parent's Name, Address and Contact Data

Guardian 1: First/Last Name _____

Gua: First/Last Name _____

Address Number and Street _____

City/State/Zip Code _____

Telephone: (_____) _____ Cellular phone: (_____) _____

Primary e-mail address: _____

Parent's Signature _____ Date _____

Printed Name _____

SECTION III. Student Exchange Host & Travel Interest

Host Family* and Travel _____ Host Family* Only _____ Travel Only _____

*Host a second student (if needed) ___ Yes ___ No

Applications & 1st payment due by the 3rd Friday in September to one of the below:

- **Primary Contact: Mr. Maurice Edwards - Landon College Prep & Leadership Development**
- **Ms. Caroline Sistare - James Weldon Johnson College Preparatory**
- **Ms. Felice Franklin-Jacksonville Sister Cities Board Member**

