

Union School District

www.unionsd.net

Student & Parent Program Agreement

Please read each condition specific to Union School District. Parents and students should both initial on the line to indicate agreement, sign and return by faxing to the International Coordinator before starting the program.

Fax to: Jean McCleary, Superintendent Fax: (814)473-8201

Parent	Student	
_____	_____	Pennsylvania has specific immunization requirements. We have completed the required checklist for Union School District (separate/in addition to an agency).
_____	_____	Acceptance to Union School District does NOT guarantee graduation. Students must participate in three Pennsylvania State Keystone Exams – Algebra I, Literature, and Biology and/or a Project-Based Assessment.
_____	_____	Arrival and departure flights must be booked through Pittsburgh International Airport.
_____	_____	We agree that the program participant is to return home within 5-7 days after the last day of school.
_____	_____	We agree that the program participant is to possess a return flight ticket from Pittsburgh International Airport to their home country. This return ticket is to be carried to the United States by the participant and is to be kept in safekeeping by the participant until time for them to return home.
_____	_____	Family visitations are discouraged before January 1 st .
_____	_____	Travel plans for overnights and/or over 200 miles without the host family must be supervised by an adult over 25 years old.
_____	_____	Students can travel with an exchange program rep, host parent, or representative of a school program, or with tours sponsored by the exchange organization.
_____	_____	Termination of the program by the student for reasons other than medical or family emergency will result in tuition NOT being refunded. Host family and supervision fees are non-refundable. Medical documentation and emergency documentation must be in written format and provided to the school district prior

to the refund being distributed.

_____ _____
Any student planning to travel outside of Pennsylvania will be required to submit a Travel Form and it must be approved by the International Coordinator 30 days prior to the departure date.

Student and Parent Agreement

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Parent Student
_____ _____
Proof of medical insurance, translated in English and confirmation that it is accepted in Pennsylvania.

_____ _____
We agree to pay for any medical and dental bills not covered by medical insurance. We agree to pay for any deductible amount due that the insurance policy might not cover.

_____ _____
We understand that as natural parents we are responsible for providing funds necessary for day to day expenses for our child. The suggested amount is \$300 per month.

_____ _____
Upon receipt of the Student Handbook, we all agree to read and discuss its contents. Should we not understand any part thereof, we will contact our international representative for clarification before the program participant leaves our country.

_____ _____
We agree that the program participant will try to adjust, will obey the disciplinary rules of the host family and school; will be respectful to the host family and school officials, and will keep communications open at all times.

_____ _____
We understand and agree that the program participant will not take any un-prescribed drugs, herbal and/or supplemental drugs, drink alcoholic beverages, possess false identification, drive any motorized vehicle, or participate in any dangerous sports, such as hang gliding, bungee jumping, etc. If the program participant does any of the above, we understand that he/she may be immediately returned home at our family's expense, and we accept full responsibility for any situation arising from his/her involvement with the above.

_____ _____
We understand the prolonged or inappropriate use of the internet, including email or chat rooms may result in a first warning and then program termination.

_____ _____
We agree that the program participant may not make any life-changing decisions: get married, change religions, etc.

_____ _____
We understand and agree that the program participant will be subject to all the laws of the host country.

_____ _____
We agree that the program participants are not allowed to go home during the

program unless under emergency conditions and only with prior approval from all parties.

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Parent Student

_____ _____ We agree to pay for the early return of our child if it is deemed necessary for medical reasons after consultation between ourselves, program personnel, and the designated medical authorities.

_____ _____ We agree to pay for any and all telephone calls made by the program participant that may appear on the host family's telephone bill during their stay or after their departure.

_____ _____ We give Union School District the right to use the participant's name and photograph for reproduction in any medium for the purpose of publication, advertising, display or editorial use.

Parent Signature

Student Signature

Date

School Use:

Date Received

Jean McCleary, Superintendent

Union International Outreach Program
Mrs. Jean McCleary, PDSO
mcclearyjm@unionsd.net
814-473-6311 x0

1/12/14
Revised: 5/13/17

