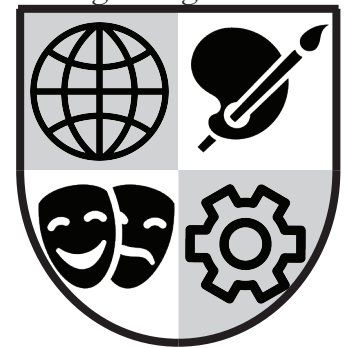


# Summer Scholars Program: England 2020

# Application

Summer Scholars  
Program England 2020



Name: \_\_\_\_\_  
(Exactly as it appears or will appear on your passport)

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

High School: \_\_\_\_\_

Home phone: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender: M F U. S. citizen: Y N

Parent email: \_\_\_\_\_ Passport number: \_\_\_\_\_  
(If you have one, please attach copy of photo page)

Passport Issued by: \_\_\_\_\_ Passport issue date: \_\_\_\_\_ Passport expiration date: \_\_\_\_\_  
(Country)

Mother's name: \_\_\_\_\_ Mother's cell phone: \_\_\_\_\_

Father's name: \_\_\_\_\_ Father's cell phone: \_\_\_\_\_

Father's day phone: \_\_\_\_\_ Mother's day phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Other than parent or guardian in case of emergency only)

Special Health Conditions: \_\_\_\_\_  
(Medical, health, etc. if none, write "none")

Prescription Medications: \_\_\_\_\_  
(If none, write "none")

Dietary Concerns: \_\_\_\_\_  
(Vegetarian, food allergies, etc.)

I wish to room with: \_\_\_\_\_  
(Leave blank if not known. At time of printing, sleeping arrangements consist of double bed with pull out sleeper.)

Enclosed is my deposit of \$300.00 by check only made payable to Blueprint Tours, Inc. I have read the Terms and Conditions contained within the brochure and agree to comply with them. **I further understand that this application is provisional, pending faculty committee review.**

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
(Required if student is younger than 18 years of age at time of application submission.)

Copy of passport photo page attached  I don't have my passport yet, but will send a copy when I receive it

*Please mail this application along with deposit payment to:*

**Blueprint Tours, Inc. - Summer Scholars  
39 East Quincy Street, Unit 2A  
Riverside, IL 60546**

*You are encouraged to submit your application early, as spaces are very limited. Although this utilizes faculty members from various schools, it is not affiliated with any particular academic institution. **All applications are provisional and subject to review of by our faculty committee. Applicants will be screened and may be denied participation.** All applicants and guardians must sign the Disciplinary Policy, and the Alcohol and Drug Policy enclosed in this brochure.*



Summer Scholars Programme  
Blueprint Tours, Inc.  
Alcohol and Illegal Drug Policy and Code of Conduct Agreement

I \_\_\_\_\_ will be participating in a program run by Blueprint Tours, Inc.  
(Please print son/daughter's name)

I understand that the possession or use of illegal drugs at any time during this program is strictly prohibited by the tour company. Therefore, I agree not to possess or use illegal drugs at any time during the program. I understand that Blueprint Tours is in no way responsible for my actions, safety, or legal status if I refused to abide by this agreement.

Further, I understand the possession or use of alcohol at any time during this program is strictly prohibited by the tour company. I understand that if I am traveling to a foreign country, I may be of legal drinking age in that country. I also understand, that even if I am not of legal drinking age, I may be able to be served alcohol or able to procure alcohol on my own in a foreign country. Regardless, I agree that I will not possess or use alcohol at any time during the tour. I also agree to submit to a breathalyzer exam and/or a search of my belongings and/or hotel room if asked. I understand that Blueprint Tours is in no way responsible for my actions, safety or legal status if I refuse to abide by this agreement.

I agree to strictly abide by the curfew requirements established by the faculty and staff. This includes prohibition on leaving the hotel room and hotel after stated hours.

In the interest of group safety, I agree that I will not share sensitive information about my group, or myself, including our hotel name and room numbers, to individuals who are not part of our group.

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Signature of tour participant – (required)

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Signature of parent or guardian – (required)

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(date)

(OVER – PLEASE SIGN BOTH SIDES)

Summer Scholars Programme  
Blueprint Tours, Inc.  
Disciplinary Consent Form and Code of Conduct Agreement

In the event that the faculty and/or the program manager determine that your son/daughter's words or actions are disruptive, or your son/daughter has exhibited behavior that may lead him/her to be a danger to himself/herself or others, your son/daughter may be required to return home before the completion of the program.

If a decision is made by the faculty and/or the program manager to send your son/daughter home before the completion of the trip, you agree, as the legal guardian, to pay for all expenses associated with such discipline. Specifically, you agree to purchase a one-way ticket from the closest airport to your home airport for your son/daughter. You also agree that either you or your designee (i.e. a relative, caregiver, etc) will meet the son/daughter at the airport closest to where the child is currently traveling on the tour and then escort your son/daughter home. The airfares for such a disciplinary event and all associated costs (extra hotel rooms, meals) will be at your expense and paid by you. No advance will be provided by Blueprint Tours, Inc. to cover such costs.

Your son/daughter's conduct in and out of school prior to the departure of the program is also important. Regardless of the fact that this is not a school sponsored trip, any student may be dropped from the program at the discretion of the faculty committee if that student is disciplined by the school for behavior or is involved in any illegal activity, including but not limited to arrest, suspension, expulsion or a lesser form of school discipline. If such an event occurs, the cancellation policy on the back of the Blueprint Tours' brochure will govern the amount of money the student is entitled to, if any, as a refund. This may result in a forfeiture of the full value paid for the program.

I have read the above agreement and agree to comply with the terms and conditions if my son/daughter is asked to leave a program early due to disciplinary problems or forfeits his/her opportunity to participate in the program due to disciplinary issues prior to departure.

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Student's Name (please print)

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Signature Parent/Legal guardian

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Printed Name of Parent/Legal guardian

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Date

(OVER – PLEASE SIGN BOTH SIDES)