



## Registration & Application

### **Participant Information:**

Name (*Note: As it appears in passport*):

\_\_\_\_\_

Gender: \_\_\_ Female \_\_\_ Male      Current Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Name of School \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Participants Email \_\_\_\_\_

Have you ever had any disciplinary proceedings during any schooling or have you ever been arrested and/or convicted of a crime?

Yes \_\_\_ No \_\_\_

Do you have a valid Passport? Yes \_\_\_ No \_\_\_ If yes, please include the country of

issuance, your passport number & expiration date:

\_\_\_\_\_

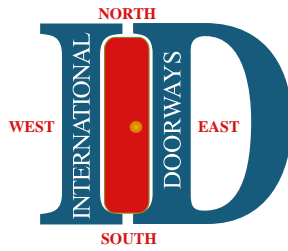
**International Doorways, Inc.**

P.O. Box 12997 / Raleigh, North Carolina 27605

919-832-3706 Fax: 800-637-3093

<mailto:info@internationaldoorways.com>

<http://www.InternationalDoorways.com>



Briefly, please discuss any experiences in other cultures or subculture in or outside the United States.

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Extracurricular Activities:

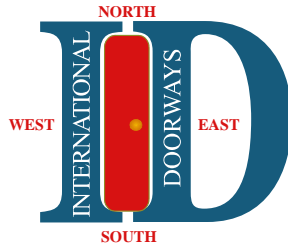
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***Interview & review of application:*** We will review all participants' applications and will speak & interview each participant directly to assess their appropriateness for the program. Please provide us with a block of times & days that are preferred for us to reach you:

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**Parent/Guardian Information: (Please circle the applicable category)**

**Note: If guardian please attach copy of guardianship documentation**

Name: \_\_\_\_\_

Address:

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Home Telephone \_\_\_\_\_

Cell Telephone \_\_\_\_\_

Business Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

**Alternate Contact/Parent/Guardian Information (Please circle appropriate category)**

Name: \_\_\_\_\_

Address:

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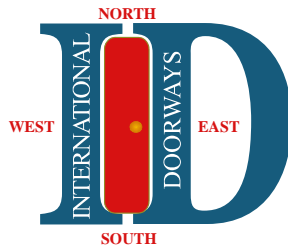
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Home Telephone \_\_\_\_\_

Cell Telephone \_\_\_\_\_

Business Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Telephone \_\_\_\_\_

Cell Telephone \_\_\_\_\_

Business Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

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**Foreign Language Study:**

Please list your current foreign language teacher's information:

Teacher Name \_\_\_\_\_

School Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Language/Years Studied

\_\_\_\_\_  
\_\_\_\_\_

**Counselor/Academic Advisor Information:**

Counselor/Advisor Name \_\_\_\_\_

School Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Teacher Reference:**

Name of Teacher Reference \_\_\_\_\_

Email of Teacher Reference \_\_\_\_\_



**How did you hear about International Doorways Inc.?**

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*Note: We would be happy to send information about International Doorways Inc. to friends or relatives who may be interested. Receive a \$200.00 (Serve the World Programs & Overseas Odysseys Programs) discount for new referrals you list that sign up for International Doorways! Note: Only applicable to fully paid participants not existent in our database & not combinable with any other promotions)*

Name \_\_\_\_\_

Address

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Telephone \_\_\_\_\_

Email \_\_\_\_\_

**Preferred means of Contact:**

**Best PARENT to Contact Regarding Program Information:**  Mother  Father  
*\*Note: Most Program Information & Updates will be sent by Email.*

What is your preferred method of receiving future information packets & forms?

\_\_\_\_\_ Email (Parent, Student or Both) (Please circle the appropriate category)

\_\_\_\_\_ Mail

\_\_\_\_\_ Fax

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**Program Information:**

Please indicate first & second Program choice:

First Choice: Program Name & Dates:

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Second Choice: Program Name & Dates:

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Parent/Guardian signature & Date (Please circle appropriate category)

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Participant Signature & Date

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