



Engineering the Art of Education.™

400 Massachusetts Ave. Unit 611

NW, Washington, D.C. 20001

[www.swaligafoundation.org](http://www.swaligafoundation.org)

(e): [info@swaligafoundation.org](mailto:info@swaligafoundation.org)

## Swaliga South Africa Exchange

### Student/Parent Interest Form

Global Education Exchange Coalition (GEEC) Youth Summit

July 14-24, 2018 | Johannesburg, South Africa

(Nashville, Washington DC, Houston, Los Angeles, Johannesburg, Cape Town)

*Collaborating Higher Education Partners:*

*Tennessee State University, Vaal University, & University of Johannesburg*

Student: \_\_\_\_\_

Parent/Chaperone: \_\_\_\_\_

**If you are under the age of 18, this form must be completed by a parent or legal guardian.**

Name: \_\_\_\_\_ M\_\_\_\_ F\_\_\_\_

Address: \_\_\_\_\_

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

Phone 1: (\_\_\_\_) \_\_\_\_\_ Phone 2: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

School attended during the 2017-18 academic year: \_\_\_\_\_

Program track (please choose one):

Leadership/Entrepreneurship \_\_\_\_\_ STEAM \_\_\_\_\_ Music \_\_\_\_\_ Sports & Wellness \_\_\_\_\_

### **Emergency Contact Information**

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

Address (if different from above): \_\_\_\_\_

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

Phone 1: (\_\_\_\_) \_\_\_\_\_ Phone 2: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

If Primary Emergency Contact is unavailable, please provide secondary contact:

Participants Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone 1: (\_\_\_\_) \_\_\_\_\_ Phone 2: (\_\_\_\_) \_\_\_\_\_



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**Medical Information**

Doctor Name: \_\_\_\_\_ Doctor Phone: (\_\_\_\_) \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Allergies, Restrictions, other**

Medications: \_\_\_\_\_

Dietary: \_\_\_\_\_

Other: \_\_\_\_\_

**List any Special Needs:**

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**List any other information you think would be valuable for project leaders to be aware of:**

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**Parent Authorization:**

I hereby authorize Swaliga Foundation staff to care for my child during the trip to South Africa.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Media Release:**

I hereby give permission to Swaliga Foundation and its partners, to photograph and/or videotape me or my child for educational or promotional purposes. \_\_\_\_\_ (Initial)