

Dear Parents/Guardians:

Hafa Adai! The Office of the Mayor of Saipan (OMS) has been promoting friendship, respect, peace and mutual understanding between Saipan and The Korean Community of Saipan through its Student Cultural Exchange Program. This year students will have the opportunity to visit Korea to learn and experience the daily lifestyle, culture, customs, and language of the Korean people through this Student Cultural Exchange Program from _____, 20__.

Before submitting your child's application, it is important to discuss the following requirements and guidelines:

- **FOOD, TRANSPORTATION, LODGING, ACTIVITIES, POCKET MONEY**
 - All food, transportation, lodging and activities are covered by The Korean Community of Saipan except for the airfare, and travel insurance.
 - Airfare: \$_____ per person (student)
 - Travel Insurance: (depends on insurance company, normally \$6-\$12, depending on coverage)
TOTAL: \$_____ (Airfare) + Travel Insurance
 - Students will be responsible for their own pocket money unless parents request chaperones to hold on to some or all money.
- **PASSPORT**
 - Passports should have at least six months of validity when traveling internationally. However, in case of any delays for any reason, it is best if passports are valid at least six months after the final day of travel.
 - Chaperones will be responsible for all passports.
- **CLOTHING**
 - Students must wear appropriate clothing at all times.
 - No miniskirts, short shorts or tops.
 - No clothing displaying offensive language or graphics.
 - No baggy pants displaying undergarments**WEATHER WILL BE COLD! PACK WARM CLOTHING and comfortable SHOES!**

Applications will be reviewed and considered on a *first come, first serve basis*- **Deadline is _____, 20__.**
If airline payment is not made in full by _____, 20__, the applicant will be dropped from the program and another applicant will be considered.

THANK YOU!

**Student Exchange Program Requirement
Checklist:**

	1. Application w/attachments (no's. 2-10) Deadline _____, 20__
	2. Application & Food Questionnaire
	3. Student Cultural Exchange Activities Agreement
	4. Travel & Medical Authorization and Liability Release Form
	5. MEDICAL HEALTH FORM
	6. STUDENT EXCHANGE CONTRACT
	7. COPY OF PASSPORT
	8. Copy of Legal Guardianship (if applicable)
	9. STUDENT CLEARANCE FORM
	10. Copy of Travelers Insurance (You may purchase at any Insurance company after approval of application)
	11. Full Airfare payment by _____, 20__ - \$ _____

APPLICATION DEADLINE: _____, 20__ , 4:00 PM @ SAIPAN MAYOR'S OFFICE



STUDENT CULTURAL EXCHANGE PROGRAM APPLICATION FORM

Name of Student: _____
First Middle Last

Age: _____ Date of Birth: _____ Citizenship: _____

Grade: _____ School: _____

Ethnicity: _____ Religion: _____

Address: _____ Contact No.: Home: _____
Cell: _____

Permanent Address (Village): _____ E-mail Address: _____

PASSPORT NUMBER: _____ **EXPIRATION DATE:** _____
MM/DD/YYYY

Mother's Name: _____ Contact No.: _____
First M.I. Last

Work Place: _____ Work Tel. No.: _____

E-mail Address: _____

Father's Name: _____ Contact No.: _____

Work Place: _____ Work Tel. No.: _____

E-mail Address: _____

I/We, the parents or legal guardians of _____, hereby authorizes the Office of the Mayor
(Name of participating student)

of Saipan and THE KOREAN COMMUNITY OF SAIPAN, its overseas representatives to make all decisions on our behalf concerning travel arrangements for our child for the duration of our child's participation in the Student Cultural Exchange Trip Program to KOREA; that my/our child is traveling with my/our full knowledge and consent to participate in the Student Exchange Program in KOREA;

- I/We understand that all expenses EXCEPT airfare, travel insurance, and shopping will be covered by THE KOREAN COMMUNITY OF SAIPAN;
- Airfare fee must be paid in FULL no later than _____, 20__ to either the Office of the Mayor of Saipan or travel agency. ****Credit card or check payment transactions must be made at the travel designated by The Korean Community of Saipan. MOS will notify the travel agency to accept payment of airfare upon approval of student's application.
- I agree to all the terms and conditions noted on the STUDENT CULTURAL EXCHANGE ACTIVITIES AGREEMENT and TRAVEL & MEDICAL AUTHORIZATION forms (please see attachment).

Student's Signature (Print & Sign) _____ Date: _____

Parent's Signature (Print, Sign, Date)

Parent's Signature (Print, Sign, Date)

FOOD QUESTIONNAIRE

Name: _____

Please check following foods. If you like: **O** If you don't like: **▲** If you can't eat: **X**

Dairy Products

- _____ Egg
- _____ Milk
- _____ Butter
- _____ Cheese
- _____ Beans cake

Meat

- _____ Pork
- _____ Beef
- _____ Chicken
- _____ Mutton
- _____ Horse Meat

Steak

- _____ Well done
- _____ Medium
- _____ Rare
- _____ Sausage
- _____ Fish
- _____ Shellfish
- _____ Octopus
- _____ Cuttlefish
- _____ Prawn, shrimp
- _____ Sashimi
- _____ Rice
- _____ Bread
- _____ Cereals
- _____ Pasta
- _____ Soybean Paste

Vegetables

- _____ Tomato
- _____ Onion
- _____ Carrot
- _____ Cauliflower
- _____ Beans
- _____ Corns
- _____ Peanut
- _____ Potato
- _____ Green
- _____ Fruits
- _____ Cabbage

Drink

- _____ Coffee
- _____ Tea
- _____ Other Herbal Tea
- _____ Coke
- _____ Cocoa
- _____ Milo

Jam

- _____ Honey
- _____ Peanut butter
- _____ Fruit Jam
- _____ Tomato sauce

Desert

- _____ Cake
- _____ Sweet bean paste
- _____ Pudding
- _____ Yogurt

(Please write down your 3 favorite foods.)

1. _____
2. _____
3. _____

(Do you have any allergy to food?)

Yes _____ or No _____

(Please describe the food and explain the allergy if...)

STUDENT CULTURAL EXCHANGE ACTIVITIES AGREEMENT

As a participant of this student exchange program students are representatives of the Northern Mariana Islands. Students are expected to set the best example possible while participating in this program. Parents/Guardians must review this agreement with their child(ren) and hereby comply with the following eligibility requirements and terms:

1. Must be a full-time high school student (Grades 9-12) in a recognized public or private school.
2. Applications must be submitted by _____, 20____, 4:00 PM @ the Saipan Mayor’s Office. Applications will be reviewed and considered on a *first come, first serve* basis.
3. Student must be a U.S. citizen.
4. Airfare: \$_____ shall be paid no later than _____, 20____ **UPON APPROVAL** by The Office of the Mayor of Saipan. For payments by checks please see Mayor’s Office for the Travel Agency designated. “If payment is not made in full by deadline, he/she will be dropped from the program and slot will be given to the next applicant accordingly.
*Returned checks shall be subjected to an assessed fee of \$50.00.
5. Absolutely **NO REFUNDS** will be issued after tickets have been purchased if the student is dropped or withdrawn from the program for any reason (unless airlines find reasonable cause).
6. **PASSPORT** must be valid at least six months after the final day of travel.
7. Student must follow the guidelines set forth in the Student Cultural Exchange Contract.
8. Student Clearance form must be signed and approved by student’s teachers and counselor.
9. Students who travel as part of this exchange program are viewed as representatives of the Northern Mariana Islands and must conduct themselves accordingly.
10. Use or possession of alcoholic beverages or drugs, including the use of tobacco and betelnut, will result in being dropped from participating in the program.
11. Additional rules and requirements may be added by the Korean Community of Saipan and chaperones as needed and students will be expected to follow them.

NONCOMPLIANCE WITH ANY OF THE ITEMS LISTED ABOVE MAY RESULT IN THE STUDENT BEING SUSPENDED FROM THE ACTIVITY AND/OR BEING RETURNED HOME, ACCOMPANIED BY A CHAPERONE, AT THEIR OWN OR THEIR PARENT’S EXPENSE.

STUDENT ACTIVITIES AGREEMENT

I _____, have read and agree to comply with the rules as a participant in this 20_____

Student
(Student’s Name)

Exchange Program.

I/We, _____ and _____
(Parent/Guardian Name) (Parent/Guardian Name)

have read and understand that the above policies apply to my child while he/she is representing the CNMI and CNMI Schools during the course of this exchange program.

Signature of Student

Date

Parent’s Signature (Print & Sign)

Date

Parent’s Signature (Print & Sign)

Date

**STUDENT CULTURAL EXCHANGE PROGRAM
TRAVEL AUTHORIZATION, MEDICAL AUTHORIZATION & RELEASE**

PARENT/GUARDIAN: This document constitutes your authorization for your child to travel to Korea as part of the Student Cultural Exchange Program. The document also constitutes consent to medical treatment for your child while he/she is away. Your agreement to the conditions of this release is required if you and/or your child elect to participate in the exchange program.

I. STUDENT INFORMATION

Child's Name: _____

Home Phone: _____

Parent/Guardian Name: _____

Work Phone: _____

Parent/Guardian Name: _____

Work Phone: _____

II. CONSENT: The above named child has my permission and consent to travel with the Student Cultural Exchange Program and to participate in all the activities. I understand that this program is conducted outside the CNMI and requires travel by both public and private means of transportation and that my child may be housed in either public or private housing. I consent to these conditions.

III. MEDICAL AUTHORIZATION: I authorize treatment for my child by a medical doctor, hospital, and/or health clinic in the event of illness or injury while he/she is traveling to and from, or while participating in, the Student Cultural Exchange Program described above, after an unsuccessful attempt to contact me has been made. I additionally authorize the chaperone(s) or person(s) housing my child to contract in my behalf for, and to authorize medical treatment by a medical doctor, or hospital and/or health clinic and consent to such treatment as fully and in the same manner as if I were present. I additionally agree that in the event health care treatment is required for my child and authorized by a chaperone or volunteer of the Student Cultural Exchange Program or other such persons acting for the Program that the chaperon, volunteer, or Office of the Mayor of Saipan will be reimbursed for any expenses incurred are paid for such health care treatment.

IV. RELEASE: In consideration of my child being permitted to travel with the exchange program and in further consideration of the chaperones accompanying the group, and except to the extent prohibited by law or public policy, I do hereby release, relinquish, waive and forfeit all claims of damage against the Office of the Mayor of Saipan and the Korean Association Student Cultural Exchange Program, directors, agents, and employees.

I also agree to hold harmless, indemnify, and agree to defend at my own expense, the Office of the Mayor of Saipan and the Korean Association/Organization, together with its directors, officers, agents, employees, and chaperones, from any liability or claim of liability of any nature which may be asserted against said Student Cultural Exchange Program, regardless of the nature of the claim whether for personal injury, property damage, emotional distress or other damages of whatever nature. This release and agreement to be held harmless applies to claims which may arise out of my child's travel to or from housing, lodging, medical treatment or participation in the above program. I additionally agree that in the event health care treatment is required for my child and authorized by a chaperone or volunteer of the Student Cultural Exchange Program or other such persons acting for the Program will be reimbursed for any expense on behalf of my child for the transportation, housing, board or otherwise appropriate and incidental to the child's maintenance/care and support during his/her participation in the Student Cultural Exchange Program.

Parent/Legal Guardian Signature(s):

Print & Sign

Date

Print & Sign

Date

Student Cultural Exchange Medical Health Form

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Work/Cell Phone: _____

Parent/Guardian Name: _____ Work/Cell Phone: _____

Mailing Address: _____ Home Phone: _____

_____ E-mail Address: _____

Other Family/Friend Contact: _____ Phone: _____

Family Physician: _____ Phone: _____

Insurance Information: Please complete or include a copy of current insurance card for your child.

Insured's Name: _____ Guarantor: _____

Insurance Carrier: _____ Member #: _____ Group#: _____

Medical History: Please complete. Be as specific as possible.

Known allergies and sensitivities (including foods and medications)

Any current medications:

Dosage/How often:

Special Diet: _____

History of Chronic/Recurrent Infections:

Any Restrictions:

Any past history of serious illness/injury that we may need to be aware of?

History of motion sickness? Yes _____ No _____

Are there any disabilities or limitations that we may need to be aware of?

Any comments you wish to make concerning your child's health status?

Parent/Guardian Signature: _____

Date: _____

PRINT & SIGN



STUDENT CULTURAL EXCHANGE CONTRACT



I, _____, who is participating in the Korean Community of Saipan Student Cultural Exchange Program promise to abide by the following:

- ✓ I will be on time.
- ✓ I will be an active participant.
- ✓ I will be very willing to learn as much as I can about the Korean culture, language, and food.
- ✓ I will use polite language.
- ✓ I will be respectful of others, honest and responsible.
- ✓ I will interact with other students and adults, and show that I am a team member.
- ✓ I will not put-down Korean culture, language or food, or other's efforts to speak Korean or English.
- ✓ I will dress appropriately at all times.
- ✓ I will not eat or chew gum on school or sacred grounds.
- ✓ I will follow rules and directions given by coordinators and chaperones.
- ✓ I will not leave the group.
- ✓ I will always be willing to learn and have fun.
- ✓ I will participate in all activities scheduled by the Korean Community of Saipan Student Cultural Exchange Program.
- ✓ I will provide the Office of the Mayor of Saipan and the Korean Community of Saipan a 2-page written report of what I learned during the trip.
- ✓ Support the Office of the Mayor of Saipan in giving an appreciation to the Korean Community of Saipan.
- ✓ I will share my experience on the trip with other students upon request by the Office of the Mayor of Saipan.

Student Signature: _____

Date: _____



STUDENT CULTURAL EXCHANGE PROGRAM

STUDENT CLEARANCE FORM

SCHOOL YEAR 20__ - 20__

Student Name:	
School:	Grade Level:

COUNSELOR APPROVAL

Counselor Name:	Total Classes Student is Taking:
I, _____, certify that _____ has met the minimum GPA of 2.5 or above to be eligible for participation in the Korean Community of Saipan Student Cultural Exchange Program to South Korea from _____, 20__.	
Counselor's Signature:	Date:

TEACHER APPROVAL

Instructor Name:	Class/Period:
Notes/Assignments:	
<input type="checkbox"/> Approved _____ (initial) <input type="checkbox"/> Disapproved _____ (initial)	_____ Instructor's Signature & Date

TEACHER APPROVAL

Instructor Name:	Class/Period:
Notes/Assignments:	
<input type="checkbox"/> Approved _____ (initial) <input type="checkbox"/> Disapproved _____ (initial)	_____ Instructor's Signature & Date

TEACHER APPROVAL

Instructor Name:	Class/Period:
Notes/Assignments:	
<input type="checkbox"/> Approved _____ (initial) <input type="checkbox"/> Disapproved _____ (initial)	_____ Instructor's Signature & Date

TEACHER APPROVAL

Instructor Name:	Class/Period:
Notes/Assignments:	
<input type="checkbox"/> Approved _____ (initial) <input type="checkbox"/> Disapproved _____ (initial)	_____ Instructor's Signature & Date

TEACHER APPROVAL

Instructor Name:	Class/Period:
Notes/Assignments:	
<input type="checkbox"/> Approved _____ (initial) <input type="checkbox"/> Disapproved _____ (initial)	_____ Instructor's Signature & Date

TEACHER APPROVAL

Instructor Name:	Class/Period:
Notes/Assignments:	
<input type="checkbox"/> Approved _____ (initial) <input type="checkbox"/> Disapproved _____ (initial)	_____ Instructor's Signature & Date

TEACHER APPROVAL

Instructor Name:	Class/Period:
Notes/Assignments:	
<input type="checkbox"/> Approved _____ (initial) <input type="checkbox"/> Disapproved _____ (initial)	_____ Instructor's Signature & Date