

PAF TRAVEL FORM AND INSTRUCTIONS

If Travel is with the Host Family (HF) within the U.S. - STOP

(no form required)

*notify school of any missed days

If the student overnights at a friend's home, the HF needs to know the name, address, and phone number of where the student will be staying.

(no form required)

Students cannot be left overnight alone. If the student needs alternate care, the HF must provide contact information to the AR. (ex. HF traveling for work, vacation, etc.)

(no form required)

Students are expected to depart their host community within 14 days after their last day of school.

(no form required)

Travel with Natural parent, school, other family, tour, church, or any organized trip.

(form required)

Student independent travel requires a two-week advance notice with completed and approved travel form.

(form required)

If the AR plans a group travel event with their student that requires an out-of-pocket expense, a form will be required.

(form required)

All International Travel requires a three-week advance notice with travel form and approval. Instructions below.

(form required)

HF plans International Travel with their student, Student and HF (with the help of their AR) should do the following:

1. Submit a Travel Request Form to your AR. The PAF office will review the travel.
(please allow a 3 week minimum)
2. Check Visa requirements for the student and country they are to visit.
3. Check that the student's U.S. Visa allows for multiple entries into the U.S. ('M' under Entries.)
4. **Mail Original DS-2019** to the PAF office with tracking. (do not send a photocopy)
5. ***PAF will email a signed DS-2019 (J-1 Visa) form** directly to the student's email on file.
(original DS-2019 will not be returned)
6. Student must print out the new DS-2019. (Student must travel with this new form. Required for re-entry to the U.S.)

***The DS-2019 will be emailed back directly to the student.**



U.S. Department of State
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS (J-NONIMMIGRANT)

OMB APPROVAL NO 1405-0119
EXPIRES 07-31-2014
ESTIMATED BURDEN TIME: 45 min
*See Page 2

1. Surname/Primary Name: SAMPLE		Given Name: John		Gender: MALE		Control Number: N0000147766	
Date of Birth (mm-dd-yyyy): 12-09-1980		City of Birth: Amytown		Country of Birth: IRELAND		Citizenship Country Code: EI	
Legal Permanent Residence Country Code: EI		Legal Permanent Residence Country: IRELAND		Position Code: 215		Position: UNIVERSITY UNDERGRADUATE STUDENTS	
Primary Site of Activity: Exempt from Pre-placement							
2. Program Sponsor: Acme Trainee				Program Number: P-4-16511			
Participating Program Official Description: TRAINEE							
Purpose of this form: Begin new program; accompanied by number (1) of immediate family members.							
3. Form Covers Period:		4. Exchange Visitor Category:					
From (mm-dd-yyyy): 06-02-2015		TRAINEE					
To (mm-dd-yyyy): 05-15-2016		Subject/Field Code Remarks: 04.0902 None					
5. During the period covered by this form, the total estimated financial support (in U.S. \$) to be provided in the exchange visitor by:							
Current Program Sponsor Funds : \$5,000.00							
Personal funds : \$2,000.00							
Total : \$8,000.00							
6. DEPARTMENT OF STATE CONSUL OFFICER OR ALTERNATE REPRESENTATIVE TITLE: _____ TO THE U.S. DEPARTMENT OF STATE				Alternate Responsible Officer Mary Hafer Name of Officer/Preparing Form: _____ Title: _____ 1000 Motor Vehicle Blvd. Detroit, MI 48201 Address: _____ Telephone Number: 703-555-5555 Date (mm-dd-yyyy): 05-06-2015			
8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM) Effective date (mm-dd-yyyy): _____ Transfer of the exchange visitor from program number: _____ sponsored by _____ to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended.							
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1 (c) of page 2) The Exchange Visitor in the above program: 1. <input type="checkbox"/> Not subject to the two-year residence requirement. 2. <input type="checkbox"/> Subject to two-year residence requirement based on: A. <input type="checkbox"/> Government financing and/or B. <input type="checkbox"/> The Exchange Visitor Skills List under C. <input type="checkbox"/> PL 94-484 as amended <small>(ALL USAID PARTICIPANTS C-2-002G AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-048 D ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT.)</small>				TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is 1 year*) *EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel. (1) Exchange Visitor is in good standing at the present time _____ Date (mm-dd-yyyy) _____ Signature of Responsible Officer or Alternate Responsible Officer (2) Exchange Visitor is in good standing at the present time _____ Date (mm-dd-yyyy) _____ Signature of Responsible Officer or Alternate Responsible Officer			
THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (c). EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document. _____ Signature of Applicant _____ Place _____ Date (mm-dd-yyyy)							

Sample

DS-2019



U.S. Visa

Check for "M" on Entries



PAN ATLANTIC FOUNDATION Travel Request Form

***FOLLOW ATTACHED INSTRUCTIONS.**

Completed form should be uploaded by the AR to the AR Toolkit.

<https://fs8.formsite.com/panatlantic/form44/index.html>



- Domestic Travel - the PAF Office must receive this completed form 2 weeks in advance.
- International Travel - the PAF Office must receive this form 3 weeks in advance.

Visa is required for student to travel? Yes No Student's U.S. visa allows for multiple entries? Yes No n/a

Student traveling with Natural Parents? Yes No

Do not pay for any travel arrangements without receiving approval from the PAF Office. List tentative travel information below.

If approved and travel changes, please notify your AR or any PAF staff member immediately.

Student First Name _____ Student Last Name _____ Student Country & ID _____ Travel Dates _____

From _____ to _____ with: HF School Other _____
(City, State, Country) (City, State, Country)

Student will be staying with: _____
Name of Responsible Adult Relationship to Student Phone Number

Address (responsible adult, hotel/resort/other) _____ City State Zip Responsible Adult's Email _____

Please list potential itinerary below. Travel by means of (check all that apply) car airplane train bus cruise ship

EXPECTED STUDENT EXPENSES: \$ _____

- Will student miss any school? YES or NO If YES, do you have school permission and a plan for missed work? YES or NO
- **The Responsible Adult must sign the following:** I/We hereby request that the above-named student be permitted to visit or travel with me/us on the dates and via the itinerary listed above. I/We agree to contact PAF at 1.866.227.5335 regarding any changes to plans.

Responsible Adult Signature: _____

Date: _____

PAN ATLANTIC FOUNDATION AREA REPRESENTATIVE

I confirm that the HF of the above named student, agree to allow their student to participate in the travel listed above. If the travel occurs while school is in session, I confirmed with _____ (Name of school official and title) that the above named student be excused from classes to take part in the travel above. The student has agreed to make up missed coursework. I have no objections to the student's participation in the travel listed above.

AR Signature: _____

Date: _____

NATURAL PARENTS: Travel permission form signed in student application (signatures not required below) OR

We, _____, parents of the above named student, agree to allow our son/daughter to participate in the travel listed above. We further agree to hold harmless PAF, its staff, its hosts, its representatives and its partner organizations for our son/daughter's welfare, and assume all responsibility for his/her well-being, including travel arrangements, lodging and meals, supervision, and any and all costs associated with travel. PAF is not responsible for any costs associated with missed, delayed or canceled travel or costs including but not limited to fees, lodging or rebooking. We release PAF, its staff, its hosts, its representatives and its partner organizations from any responsibility or liability during our child's participation in the travel listed above. We further recognize that the health and accident insurance provided may not be valid for any travel outside of the United States, and that any time that a student travels outside the United States, he/she may experience great difficulty re-entering the United States to complete the Program.

Natural Parent Signature _____

Date _____

**PAF office will obtain the Natural Parent signatures if needed.*