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)
 Submit a Travel Request Form (please allow a 3 week minim Check Visa requirements for Check that the student's U.S. *PAF will email a signed DS-2 Student must print out the signed print out the signed 	to your AR. The PAF office will review the	S. (' M ' under Entries.) t's email on file. mail.	* <u>The signed DS-2019</u> will be emailed back directly to the student.

PAN ATLANTIC FOUNDATION 1 Union Street, Suite 202 Portland, ME. 04101 TEL:1.866.227.5335

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PAN ATLANTIC FOUNDATION Travel Request Form

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? $\Box \mathrm{Yes}$	No□ n/a
Student traveling with Natural Parents? \Box 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 Last Name	Student Country & ID	Travel Dates
From	to		with: HF School Other
(City, State, Country)		(City, State, Country)	
Student will be staying with:	lame of Responsible Adult	Relationship to Student	Phone Number
	1	1	
Address (responsible adult, hot	tel/resort/other)	City State Zip	Responsible Adult's Email
Please list potential itinerary	below. Travel by means of (ch	eck all that apply) \Box car \Box airplane	□train □bus □cruise ship
EXPECTED STUDENT EXPENSE	ES: \$		
➢ Will student miss an	ny school? 🗆 YES or 🗆 NO If	YES, do you have school permission an	d a plan for missed work? □ YES or □ NO
			ned student be permitted to visit or travel with
me/us on the dates	and via the itinerary listed above	e. I/We agree to contact PAF at 1.866.22	27.5555 regarding any changes to plans.
Responsible Adult Signature:			Date:
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